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| Case Number: | CM13-0069995 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/15/2012 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who reported an injury to the lower back on 05/15/2012 of unknown mechanism. The current physical exam dated 11/06/2013 indicated the injured worker reported lumbar spine pain rated at 6/10 which felt sharp with muscle spasms. The injured worker's range of motion of the lumbar spine recorded on 09/26/2013 showed findings of flexion 30 degrees, extension 5 degrees, left and right lateral bending 50 degrees and left and right rotation 45 degrees. The medication regimen is zyrtec and benadryl. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shockwave.

Decision rationale: The request for extracorporeal shock wave therapy (ESWT) of the lumbar spine is not medically necessary. The injured worker reported an injury to the lower back with muscle spasms. The Official Disability Guidelines (ODG) do not support the effectiveness of ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatments is not justified and should be discouraged. The injured worker complains of low back rated 6/10. However, the guidelines, do not recommend the above request. Therefore, the request for extracorporeal shock wave therapy (ESWT) of the lumbar spine is not medically necessary and appropriate.

TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The request for a toxicology screen is not necessary. The injured worker reported lumbar spine pain rated 6/10. California Chronic Pain Medical Treatment Guidelines recommend urine drug screens to avoid the abuse of medications. There is no documentation in the records that the injured worker is taking opioids. Per the guidelines, the request for a toxicology screen is not medically necessary and appropriate.

SHOCK WAVE THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODH), Low Back Chapter, Shockwave.

Decision rationale: The request for shockwave therapy is not necessary. The injured worker reported an injury to the lower back with muscle spasms. The Official Disability Guidelines (ODG) do not support the effectiveness of ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatments is not justified and should be discouraged. The injured worker complains of low back. However, the guidelines, do not recommend the above request. Therefore, the request for shockwave therapy is not medically necessary and appropriate.

PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visit.

Decision rationale: The request for pain management is not necessary. The injured workers medication regimen is zyrtec and benadryl. The Official Disability Guidelines (ODG) state outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment.. There is no opioids documented on the medication regimen provided. Therefore, per the Official Disability Guidelines, the request for pain management is not medically necessary and appropriate.

DNA TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYTOKINE DNA TESTING FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYTOKINE DNA TESTING FOR PAIN Page(s): 42.

Decision rationale: The request for DNA testing is not necessary. The injured worker reported low back pain and her medication regimen is Benadryl and Zyrtec. The Chronic Pain Medical Treatment Guidelines do not recommend the use of DNA testing for diagnosing opioid use. There is no explanation as to how this will effect her plan of care in her records. Therefore, per the Chronic Pain Medical Treatment Guidelines, the request for DNA testing is not medically necessary and appropriate.

HOT/COLD PACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 299-301. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , CRYOTHERAPIES, 299-301

Decision rationale: The request for hot/cold pack is not necessary. The injured worker reports lumbar spine pain with spasms. The American College of Occupational and Environmental Medicine indicates cryotherapies are recommended for treatment of acute low back pain, cryotherapies may be tried for subacute or chronic low back pain, however it may be less beneficial. Cryotherapy is indicated for moderate to severe acute low back pain patients with common symptoms that an (NSAID) non-steroidal anti-inflammatory drugs /acetaminophen and progressively graded activities are believed to be insufficient. There is no evidence in the

records that other conservative remedies such as NSAIDS/acetimenophen have failed. Therefore, per the guidelines, the request for hot/cold packs is not medically necessary and appropriate.