

Case Number:	CM14-0005710		
Date Assigned:	02/05/2014	Date of Injury:	06/14/2013
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 54-year-old female, who has submitted a claim for lumbar strain / sprain and left sacroiliac strain / sprain, associated with an industrial injury date of June 24, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of constant low back pain radiating to the left buttocks, characterized as sharp, burning, stabbing and throbbing with a scale of 4/10. Pain is relieved by rest, and aggravated by exercise, prolonged standing, waking, sitting, bending and lifting. On physical examination, tenderness was noted on the lumbar spine and left sacroiliac joint. On examination of the left gluteal muscles, there was tenderness and hypertonicity noted, and range of motion (ROM) of the lumbar spine were as follows: flexion at 50 degrees, extension at 20 degrees, right lateral bending at 20 degrees, and left lateral bending at 20 degrees. Straight leg raise (SLR) was negative. Kemp's test was positive on the left. Treatment to date has included Lovastatin, aspirin, nabumetone, orphenadrine, Polar Frost, Acupuncture, Physical Therapy, Xalindo, Theramine, Sentra, Flurbi Cream, gabacyclotram, glucosamine and somnicin. Utilization review from December 27, 2013, denied the request for Extracorporeal Shockwave Therapy, because the available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain (LBP). The request for Urine Drug Screen (UDS) was also denied, because there was no documentation of the patient having any specific aberrant drug usage, or behavior, or inappropriate use of medications that would have supported the need for drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that, Shockwave Therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the patient was prescribed Extracorporeal Shockwave Therapy (ESWT) because it can stimulate healing for chronic pain and myofascial pain syndrome. However, records reviewed failed to establish compelling circumstances, identifying why ESWT for the low back unit be required despite adverse evidence. In addition, the body part to be treated was not specified. The request for extracorporeal shock wave therapy, one session, is not medically necessary or appropriate.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 43,78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, a urine drug screen (UDS) was performed on October 18, 2013. However, records reviewed did not show any use of opioid drugs or plans to initiate opioid use. There was also no documented reason for doing UDS. Moreover, there were no discussions of a high risk profile for addiction or misuse of medications. The retrospective request for a urine drug screen, performed on October 18, 2013, is not medically necessary or appropriate.