

Case Number:	CM14-0102119		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2006
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 20, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of the physical therapy over the life of the claim; and a total knee arthroplasty procedure. In a Utilization Review Report dated June 17, 2014, the claim administrator denied eight sessions of physical therapy for the lumbar spine and denied eight sessions of extracorporeal shockwave therapy for the same. The applicant's attorney subsequently appealed. In a December 30, 2013, progress note, the applicant reported multifocal 5 to 8/10 low back, knee, and ankle pain with an effusion noted about the knee. The applicant was given refills of Flexeril, tramadol and several topical compounded drugs. 24 sessions of physical therapy were sought while the applicant was placed off of work, on total temporary disability, for an additional 45 days. In a progress note dated June 6, 2014, the applicant reported persistent complaints of low back and knee pain, 5 to 8/10, with derivative complaints of depression, anxiety, stress and insomnia. The applicant was on Prilosec, Flexeril and Percocet, it was stated. The applicant weighed 232 pounds. Multiple medications were renewed, including several topical compounded drugs. The applicant's work status was not clearly stated. It appears that the physical therapy at issue was endorsed on June 3, 2014. The attending provider acknowledged that the applicant had failed conservative treatment. Cyclobenzaprine, tramadol and authorization for a knee manipulation under anesthesia procedure was sought. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/Week for 4/Weeks (8 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant and highly dependent on numerous forms of medical treatment, including opioid agents such as Percocet, muscle relaxants such as Flexeril, topical compounds, etc. All the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts during the course of the claim. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.

Shock Wave Therapy, 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, Low Back, Shock Wave Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound; Physical Medicine Page(s): 123; 98. Decision based on Non-MTUS Citation ODG Low back Chapter, Shockwave Therapy topic.

Decision rationale: Extracorporeal shockwave therapy represents a form of therapeutic ultrasound. However, as noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the chronic pain context present here. Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that passive modalities such as extracorporeal shockwave be used "sparingly" during the chronic pain phase of a claim. Furthermore, ODGs Low Back chapter shockwave therapy topic also notes that shockwave is "not recommended" in the treatment of low back pain, as is present here. No applicant specific rationale or medical evidence was furnished to support provision of extracorporeal shockwave therapy in the phase of the unfavorable MTUS and ODG positions on the same. Therefore, the request is not medically necessary.

