

Case Number:	CM14-0014118		
Date Assigned:	02/26/2014	Date of Injury:	02/12/2007
Decision Date:	07/17/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 Physician 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 59 year-old female with a 2/12/2007 date of injury. She has been diagnosed with displacement of a cervical disc without myelopathy; sprain/strain unspecified site of shoulder and upper arm; lateral epicondylitis of the elbow. According to the 12/9/14 chiropractic report from [REDACTED], the patient presents with neck and back pain from prolonged ADLs, and has not had supervised PT in over 3-months. [REDACTED] recommends ECSWT 1x6 for the neck and low back and acupuncture 1x4 for the neck and low back. On 1/2/14 UR recommended non-certification for the ECSWT and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSWT 1 X 6 WEEKS - NECK / LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 12/9/14 report, the injured worker presents with neck and back pain, and the physician recommended shockwave treatment. The IMR request is for ECSWT 1x6 weeks for the neck/low back. The MTUS/ACOEM does not discuss ECSWT in the

neck, or low back chapters, or the chronic pain guidelines. The ODG guidelines were consulted. The ODG guidelines, in the low back chapter for shock wave therapy specifically states: "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." The request for ECSWT for the low back is not in accordance with ODG guidelines. Recommendation is that this request is not medically necessary.

ACUPUNCTURE 1 X 4 WEEKS NECK / LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 12/9/14 report, the injured worker presents with neck and back pain, and the physician recommended additional acupuncture treatment. The IMR request is for acupuncture 1x4 weeks for the neck and back. There were no acupuncture reports provided for this IMR. The 8/20/13 chiropractic report states the injured worker improved with chiropractic care but continues to suffer, so the chiropractor requested a short course of acupuncture. The chiropractor states the injured worker reported previous functional improvement with acupuncture, but does not describe the functional improvement or provide any details as to the timeframe of the prior acupuncture, or duration and frequency of prior acupuncture. The 10/7/13 report states the injured worker had 3 sessions of acupuncture with improvement, but does not discuss what specifically has improved. There is no discussion on decreased pain levels, improved function or decrease in work restrictions, or decreased dependency on continued medical treatment; which is the definition of functional improvement. There is no demonstration of functional improvement with the 3 sessions of acupuncture provided. The MTUS/Acupuncture guidelines do not recommend continued treatment without demonstration of functional improvement. Recommendation is that this request is not medically necessary.