

Case Number:	CM14-0164220		
Date Assigned:	10/09/2014	Date of Injury:	08/03/2013
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 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:

This patient is a 46 year old male with an injury date of 8/03/13. Based on the 7/10/14 progress report by [REDACTED], this patient complains of lumbar myospasm, pain, and weakness. Also, this patient complains of left ankle weakness, numb, pain and loss of ROM. Exam of this patient indicate "positive lumbar and L ankle/foot Ortho Tests (unspecified) with pain in L/S ROM with "Palp Pain, taut muscles/spasm." Work status as of 7/10/14: Remain off work until 8/21/14. Diagnoses for this patient are: 1. Myo fasciitis/tum spasm (728.5) 2. Stress/Anxiety/Depression (311.0) 3. Headaches (784.0) 4. Insomnia (307.42) 5. Gait Abnormality (781.2) 6. Disc Syn: Lumbar (722.90) 7. Radiculitis Lum (724.4) 8. Pain in: Lum (722.90) and Left Ankle/Foot (718.47) 9. Internal Derangement of Left Ankle (845.00) The utilization review being challenged is dated 9/10/14. The request is for shockwave therapy, lumbar/ankle and acupuncture two times a week for six weeks, quantity: 12. The requesting provider is [REDACTED] and he has provided various progress reports from 5/21/14 to 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, lumbar/ankle: 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 ODG) Lumbar chapter (online), under Shock wave therapy and ODG Guidelines, Ankle and Foot chapter under Shock Wave Therapy

Decision rationale: This patient presents with lumbar and left ankle pain, stiffness, and weakness, with decreased range of motion. The treater requests shockwave therapy for the lumbar/ankle. However, ODG guidelines do not support the effectiveness of ultrasound or shock wave for treating low back pain, furthermore, clinical use of these forms of treatment is not justified and should be discouraged. With regards to the ankle, use of low energy shock wave therapy vs. high energy, as an option for plantar fasciitis, but this patient's diagnoses do not include plantar fasciitis. Shock wave treatment is not appropriate, nor a medical necessity. Therefore, the request for Shockwave therapy for lumbar/ankle is not medically necessary and appropriate.

Acupuncture two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines. Page(s): ..

Decision rationale: The treater requests acupuncture two times a week for six weeks, quantity: 12. MTUS Guidelines for Acupuncture state that it may be used as an option when pain medication is reduced or not tolerated, it may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Treatments may be extended if functional improvement is documented. There is no evidence indicated in the reviewed reports of the reduction or intolerance of pain medication, nor use of acupuncture as adjunctive therapy. Given the discussion regarding prior acupuncture, a short course of up to 6 trial sessions may be supported for the patient's pain but the request is for 12 sessions. Since the patient already trial 6 sessions, the treater does not document functional improvement as defined by labor code 9792.20(e) that require significant change in ADL's, or change in work status with decreased dependence on other medical treatments. Therefore, the request of acupuncture two times a week for six weeks is not medically necessary and appropriate.