

<b>Case Number:</b>	CM14-0176029		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

This is a 39-year-old male with an 8/26/14 date of injury, when he sustained injuries to the neck, back, hips, lower extremities and upper extremities while off-loading heavy boxes. The patient was seen on 9/25/14 with complaints of low back pain radiating to the right leg, pain in hands, elbows and knees. Exam findings of the cervical spine revealed normal range of motion with negative compression and cervical distraction tests. The examination of the lumbar spine revealed: flexion 45 degrees, extension 19 degrees and right and left lateral bending 18 degrees. There was tenderness to palpation and spasm of the lumbar paraspinals and the right SI joint. The exam of the right elbow revealed tenderness to palpation of the lateral and medial elbow, positive Tinel's sign with pain and normal range of motion. The diagnosis is cervical sprain/strain, lumbar facet syndrome, lumbar myofascitis, right lateral epicondylitis, bilateral knees patellar tendonitis and bilateral hands pain. Treatment to date: work restrictions, physical therapy, chiropractic treatments, acupuncture, injections and medications. An adverse determination was received on 10/7/14 for lack of scientific evidence for efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shock Wave Therapy neck, bilateral elbows,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, web Low Back-Shock wave therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

**Decision rationale:** CA MTUS does not address ESWT for the neck. CA MTUS states that quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a strong recommendation against using extracorporeal shockwave therapy. The requesting provider failed to establish circumstances that would warrant ESWT despite strong adverse evidence. Therefore, the request for Extracorporeal Shock Wave Therapy neck, bilateral elbows was not medically necessary.

**Neuromuscular diagnostic procedure 1 time a week for 6 weeks lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT; Neuromuscular electrical stimulation devices Page(s): 114-116; 121.

**Decision rationale:** CA MTUS does not specifically address neuromuscular diagnostic procedure for the lumbar spine. CA MTUS states that Neuromuscular Electric Stimulation (NMES) is used primary as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. However there is a lack of documentation indicating that the patient had stroke and needed NMES as a part of rehabilitation program. In addition, the Guidelines do not support the use of this device in chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However the patient complained of the lumbar pain, there is no rationale with regards to the treatment plan and it is not clear what goals should be reached from the treatment with a Tens unit. Therefore, the request for Neuromuscular diagnostic procedure, 1 time a week for 6 weeks lumbar, was not medically necessary.