

Case Number:	CM14-0021108		
Date Assigned:	05/05/2014	Date of Injury:	05/20/2010
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/20/2014

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 and Rehabilitation, 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:

The patient is a 71-year-old male with a date of injury of 05/20/2010. The listed diagnosis per [REDACTED] is lumbar spine strain/sprain. According to the doctor's first report by [REDACTED] on 12/04/2013, the patient presents status post fall and complains of lower back pain. The patient states the pain is 7/10. Objective findings states straight leg raise is positive and 2+ patellar reflexes. There is another sentence regarding the lumbar spine that is illegible. The provider recommends "Acupuncture 1 time a week for 4 weeks at [REDACTED], chiropractic therapy 2 times a week for 4 weeks at [REDACTED], topical compound creams Flurbiprofen/Capsaicin/Menthol/Camphor 120 mg, and Ketoprofen/Cyclobenzaprine/Lidocaine 120 mg." On 02/05/2014, [REDACTED] reported the patient had tenderness to the anterior right knee, left wrist, and lumbar spine. Cervical MRI revealed 3.8mm-4.4mm disc protrusion. He recommends a urinalysis for toxicology test, acupuncture 1x4, chiropractic therapy 2x4, topical creams, pain management and FCE. Utilization review denied the requests on 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ACUPUNCTURE ONCE (1) A WEEK FOR FOUR (4) WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting acupuncture 1 time a week for 4 weeks. Utilization review denied the request stating that Acupuncture may be used as an adjunct to physical therapy and there is no indication the claimant is seeking physical rehabilitation. For acupuncture, California MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. The medical file provide for review does not indicate any prior acupuncture treatments. The patient has not tried Acupuncture and a short course of 4 visits may be warranted.

CHIROPRACTIC CARE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting chiropractic care 2 times a week for 4 weeks for the lumbar spine. The California MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear by reviewing the progress reports, but the Utilization review on 02/17/2013 reported the "claimant has had extensive physical therapy and chiropractic for this chronic condition." With documentation of functional improvement from prior treatments, California MTUS allow for up to 18 visits. The current reports do not document chiropractic treatment history and efficacy. California MTUS page 8 require that the provider provide monitoring and make appropriate treatment recommendations. Without discussion of chiro treatment history and functional benefit, additional treatments cannot be recommended for authorization. California MTUS allows additional treatment only under the premise that initial trial have resulted in functional improvement.

URINALYSIS FOR TOXICOLOGY TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing , Opioids Page(s): 43, 74-92. Decision based on Non-MTUS Citation ODG guidelines have the following regarding Urine Drug Screen.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a urinalysis for toxicology test. While California MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG guidelines provides a more clear guideline. For low-risk opiate users, once yearly urine screen is recommended following initial screening within the first 6 months. The four progress reports provided for review indicate the patient is not taking any opioids. The patient has only been prescribed topical creams. The requested urinalysis for toxicology is not medically necessary as the patient is not taking any opioids.

ORTHOPEDIC SHOCK WAVE FOR RIGHT KNEE AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ESWT.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting an "orthopedic shockwave for the right knee and lumbar spine." The ACOEM Guidelines page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG Guidelines has the following regarding ESWT, "not recommended using high energy ESWT." The ODG regarding ESWT specifically for the knee/leg states, "Under study for patellar tendinopathy and for long bone hypertrophic nonunions." In this case, ACOEM and ODG Guidelines do not support the use of ESWT for knee conditions. It is considered anecdotal and is still considered under study. Furthermore, Shockwave therapy is not recommended for treating low back pain.

PAIN MANAGEMENT REFERRAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a pain management referral. Utilization review on 02/17/2013 denied the request without stating a rationale. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or

course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient reports pain levels of 8-9/10 with continued radiating pain. He is currently utilizing topical creams but not taking any oral medications for pain management. A pain management consult at this point is reasonable as this patient continues with high levels of pain.

ORTHOPEDIC CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting an orthopedic referral. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient reports pain levels of 8-9/10 with continued radiating pain. MRI has shown 3.8-4mm disc protrusion with positive straight leg raise. An orthopedic consultation is reasonable at this juncture.