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| Case Number: | CM14-0026879 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 08/19/2013 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Family Medicine and is licensed to practice in Arizona. 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 41 year old male with a date of injury on 8/19/2013. Diagnoses include cervical radiculopathy, lumbar radiculopathy, left shoulder arthropathy and epicondylitis. Recent subjective complaints (1/27/14) are of pain in the neck, low back and left shoulder. Prior subjective complaints were of lateral left elbow pain. Physical exam reveals pain over the left lateral epicondyle, with full range of motion and normal sensory testing. Neck exam shows decreased range of motion and tenderness over paraspinal muscles. Cervical spine MRI shows disc bulge at C3-4. Elbow MRI shows findings consistent with epicondylitis. Shoulder MRI showed acromioclavicular joint changes. Lumbar MRI shows L4-L5 disc bulge. Submitted documentation indicates that patient has had previously received cervical and lumbar epidural steroid injections, 6 physical therapy sessions, 6 acupuncture sessions, and 13 chiropractic sessions. Medications include topical analgesics, Naproxen, Prilosec, and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO SHOCKWAVE TREATMENT X1 CERVICAL 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 (ODG), Elbow, Shoulder, Foot, ESWT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Shoulder, Foot, ESWT.

Decision rationale: The ACOEM guidelines suggest that extracorporeal shockwave therapy (ESWT) may be used for lateral epicondylitis. ODG recommends ESWT for patients whose pain is from calcifying tendinitis of the shoulder, plantar fasciitis, Achilles tendinopathy, patellar tendinopathy, and long-bone non-union. Neither guideline suggests an indication for ESWT for the cervical spine. Therefore, the medical necessity of ESWT is not established.

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator 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) Chapter 7.MTUS Official Disability Guidelines (ODG), Pain, Office Visits.

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) Chapter 7, page(s) 127 Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: The ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, there are complaints in the neck and elbow pain of a chronic nature. Therefore, consultation with a pain management physician is consistent with guideline recommendations and is medically necessary.

CHIROPRACTIC CARE X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58.

Decision rationale: The MTUS chronic pain guidelines suggests a trial of manual therapy of 6 visits over 2 weeks, and if objective functional improvement up to 18 sessions over 6-8 weeks. CA MTUS guidelines also suggest therapy 1-2 times a week for two weeks, depending on severity and treatment may continue at 1 treatment per week for the next 6 weeks. If chiropractic care is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. This patient has already received 13 sessions of chiropractic care without clear evidence of functional improvement. If noted improvement had

not been obtained in 6 sessions, ongoing treatment would likely not be beneficial. Therefore the request for further chiropractic care is not medically necessary.

ACUPUNCTURE X12: Upheld

Claims Administrator guideline: The Claims Administrator 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) CHAPTER 7, page(s) 127.

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) CHAPTER 7, page(s) 127.

Decision rationale: The MTUS Acupuncture Guidelines indicate that time to produce functional improvement is 3-6 treatments. CA acupuncture guidelines also recommend that acupuncture treatments may be extended if functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture had been performed, and improvements meeting the above criteria were not evident. Therefore, the medical necessity of acupuncture is not established.