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| Case Number: | CM14-0080105 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 10/17/2013 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 44 year old female with date of injury of 10/17/2013 A review of the medical records indicate that the patient is undergoing treatment for cervical strain, lumbar disc protrusion, lumbar radiculopathy, right shoulder impingement syndrome, . Subjective complaints include constant pain in her neck and low back that is throbbing and shooting in nature and 2-3/10. Objective findings include decreased range of motion of both the cervical and lumbar spine and tenderness upon palpation of paravertebrals of cervical and lumbar spine. Treatment has included lumbar facet joint block, Vicodin, physical therapy, heat and cold. The utilization review dated 5/9/2014 non-certified continued physical therapy, consultation with a medication manager, consultation with a podiatrist, chiropractic therapy, and extracorporeal shockwave therapy .

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98, 99.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. The employee has already had at least 12 sessions of PT with medical documentation showing there was not significant improvement in function. Neither the MTUS or ODG support further physical therapy due to their being no plan for home exercises or tapering of PT sessions. The request for physical therapy 2 times per week for 4 weeks is not medically necessary.

Consultation with a medication management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs

Decision rationale: MTUS states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning chronic pain programs "(e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable

probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function." The treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. As such the request for a consultation of a medication management specialist is not medically necessary.

Consultation with a podiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Ankle & Foot procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: MTUS is silent regarding visits to a podiatrist specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". There is no medical documentation showing ongoing medical complaints or diagnoses with her feet or ankle. Therefore, a consultation with a podiatrist is not medically necessary.

Chiropractic sessions 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 68-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in

functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The employee has ongoing pain in the back and neck with symptoms of radiculopathy. She has had previous sessions of physical therapy that have failed. She may want to do a trial of chiropractic therapy, as recommended above with 6 visits. However, the request for chiropractic sessions (8) is not medically necessary.

Extracorporeal shockwave therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Shoulder Procedure Summary Extracorporeal shockwave therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee, ESWT pub med search ESWT and wrist

Decision rationale: The MTUS Physical Medicine guidelines recommend "the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes". The treating physician did not provide any physical therapy notes, evidence of calcifying tendonitis of the shoulder, or evidence of multi modal physical therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when" 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone)". Both MTUS, ACOEM, and ODG were silent as to ESWT treatment of the wrist. Based on the MTUS physical medicine guidelines and a search of pub med for ESWT treatment of wrist injuries no evidence based medicine exists to support treatment of the wrist with ESWT. The ODG guidelines were consulted for ESWT treatment of the knee and state "New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010). The above criteria are not met, and thus the request for shockwave is not medically necessary based on the MTUS, ODG guidelines.

Follow up appointment with podiatrist (custom orthotics, pain management): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Ankle & Foot procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: MTUS is silent regarding visits to a podiatrist specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". There is no medical documentation showing ongoing medical complaints or diagnoses with her feet or ankle. Therefore, a consultation with a podiatrist for orthotics or pain management is not medically necessary.