

Case Number:	CM14-0080186		
Date Assigned:	07/18/2014	Date of Injury:	02/18/2014
Decision Date:	08/25/2014	UR Denial Date:	05/13/2014
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 Internal 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:

Patient is an injured worker with a lumbosacral condition. Date of injury was 02-18-2014. Orthopedic surgeon's consultation initial progress report dated March 24, 2014 by [REDACTED] reported a history of the industrial accident. The date of injury was 02/07/11 - 02/18/14. The patient reports that while performing his usual and customary job duties, he developed low back pain and right foot and ankle numbness resulting from, standing for prolonged periods of time and repetitive bending at the waist. He sought care from his family doctor on 11/04/13. He underwent x-ray examination, received medications tizanidine and sulindac, and received physical therapy. His current complaints were low back pain, mid back pain, foot pain. The patient complains of low back pain radiating to the right lower extremities with associated numbness. The patient rates the pain 8-9/10, decreasing to 5/10 with the use of medications. The pain is described as constant, dull and aching in nature and is worsened with sitting more than 30 minutes, standing more than 15 minutes and walking more than 20 minutes and relieved with rest and medications. The patient complains of mid back pain. The patient rates the pain 6-7/10, decreasing to 4/10 with the use of medications. The pain is described as constant, dull and aching in nature and is worsened with sitting more than 30 minutes and relieved with rest and medications. The patient complains of pain and numbness in the left foot. The patient rates the pain 5/10, described as dull and aching. Physical examination was documented. Grip strength performed using the jamar dynamometer reveals findings of 80/80/80 lbs. of force on the right and 60/60/60 lbs. of force on the left. Pain, tenderness and spasm were noted upon palpation of the lumbar paraspinal muscles bilaterally. Tenderness was noted upon palpation of posterior lumbar midline, facet joints and sciatic notches bilaterally. Lumbosacral range of motion was decreased with flexion 40 and extension 20. Pain and spasm is noted in all motions. Seated and supine straight leg raise test was positive at 70 degrees bilaterally. There is a

complaint of numbness at the anterolateral aspect of the right leg. Diagnoses were lumbosacral sprain strain, lumbar sprain strain, radicular syndrome lower extremity right. Treatment plan included physical therapy, Ultracet, Naproxen. MRI of the lumbar spine performed on 03/27/2014 reported spondylitic changes, L4-L5 posterior annular tear in the intervertebral disc with accompanying 2 mm posterior disc bulge resulting in mild to moderate right and moderate to severe left neural foraminal narrowing and bilateral exiting nerve root compromise in conjunction with facet hypertrophy, L5-S1 posterior annular tear in the intervertebral disc with accompanying 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Primary treating physician's initial evaluation 02/20/14 by [REDACTED] documented complaints of low back pain that refers to both lower extremities, right greater than left with associated numbness and tingling. The patient complains of right foot and ankle numbness. Diagnoses were lumbar sprain strain, radiculitis, myofascitis, right foot sprain strain. Treatment recommendations included refer for acupuncture treatment 1-2 times per week for 4 weeks, order a TENS unit, order MRI of the lumbar spine, order EMG/NCV of the lower extremities, refer the patient to [REDACTED] for evaluation and to address medication needs, begin home program. Nerve conduction study and electromyography EMG was performed February 28, 2014. An abnormal nerve conduction study of the bilateral lower extremities was reported. Electrophysiological evidence did show evidence of a sensory bilateral saphenous and bilateral sural lumbar neuropathy of a moderate nature. An abnormal EMG of the bilateral lower extremities was reported. Findings are consistent with denervation and reinnervation and the presence of a bilateral lumbar chronic active L4-L5 and L5-S1 lumbar radiculopathy. Progress report dated 03-19-2014 documented complaints of low back pain with radiation to the right leg with associated numbness. The patient's symptoms is made worse with movement and temporarily relieved with rest and medications. The patient complains of numbness in the right foot. The patient reports his low back pain and mid back pain is unchanged, but the right lower leg numbness has improved. Lumbar spine range of motion was restricted and painful in all planes. Lumbar paraspinal muscle tightness is noted. Kemp's, Ely's and Bechtrew's tests are positive. Right foot range of motion is full, but produces pain upon flexion and extension. Diagnoses were lumbar sprain strain, radicular syndrome lower extremity, foot sprain strain. Treatment recommendations included physical therapy, acupuncture, shockwave therapy. Begin physical therapy 1-2 times per week for 4 weeks. The patient is referred for acupuncture, treatment 1-2 times per week for 4 weeks. Begin shockwave therapy to the right foot. Treatment note documented acupuncture was performed 04-16-2014 and 04-30-2014. Primary treating physician's progress report dated 04/30/14 documented back pain. The patient complains of frequent, moderate mid back pain. The pain is described as achy and is made worse with sudden movements and prolonged standing. The pain is rated 5/10. The pain is temporarily relieved with rest, medications and physical therapy. The patient complains of low back pain with radiation to the right calf and foot with associated numbness. The patient's symptoms is made worse with standing, walking and sitting more than 30 minutes and temporarily relieved with rest, medications and physical therapy. Diagnostic impressions were lumbar sprain strain, radicular syndrome lower extremity, foot sprain strain. The following are treatment recommendations for the patient: The patient is referred for pain management evaluation with [REDACTED]. The patient is to follow up with [REDACTED] regarding positive MRI findings. The patient is to continue with acupuncture treatment 1-2 times per week for 4 weeks. Order shockwave therapy for the lumbar spine for 4-6 sessions. Utilization review dated 05-13-2014

recommended non-certification of the requests for shockwave to lumbar spine quantity 3, continue acupuncture to lumbar spine quantity 8, ortho consult, pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to lumbar spine, three visits.: Upheld

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

MAXIMUS guideline: Decision based on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, page(s) 300 and on the Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Shock wave therapy.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Medical treatment utilization schedule (MTUS) does not specifically address extracorporeal shockwave therapy (ESWT) for low back conditions. Official Disability Guidelines (ODG) guidelines state that shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Work Loss Data Institute guidelines for the low back state that shock wave therapy is not recommended. Primary treating physician's progress report dated 04/30/14 documented the diagnoses of lumbar sprain strain and radicular syndrome lower extremity, and requested shockwave therapy for the lumbar spine. Therefore, the request for Shockwave therapy to lumbar spine, three visits is not medically necessary.

Additional eight visits for acupuncture to lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies.

Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. MTUS defines functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Primary treating physician's progress report dated 04/30/14 documented the diagnoses of lumbar sprain strain and radicular syndrome lower extremity. Treatment notes documented acupuncture was performed 04-16-2014 and 04-30-2014. But medical records did not document functional improvement resulting from acupuncture. Acupuncture treatment 1-2 times per week for 4 weeks, a total of 8 acupuncture treatments, were requested, which exceeds MTUS recommendation of 3-6 treatments to produce functional improvement. Therefore, the request for additional eight visits for acupuncture to lumbar spine is not medically necessary.

One ortho consult.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, 308-310.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that referral for surgical consultation is indicated for patients who have imaging and electrophysiologic evidence of significant spinal pathology. Orthopedic surgeon's consultation initial progress report dated March 24, 2014 by [REDACTED] reported diagnoses of lumbosacral sprain strain, lumbar sprain strain, radicular syndrome lower extremity right. MRI of the lumbar spine performed on 03/27/2014 reported spondylotic changes, L4-L5 posterior annular tear in the intervertebral disc with accompanying 2 mm posterior disc bulge resulting in mild to moderate right and moderate to severe left neural foraminal narrowing and bilateral exiting nerve root compromise in conjunction with facet hypertrophy, L5-S1 posterior annular tear in the intervertebral disc with accompanying 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Nerve conduction study and electromyography EMG performed February 28, 2014 reported findings consistent with lumbar chronic active L4-L5 and L5-S1 lumbar radiculopathy. Primary treating physician's progress report dated 04/30/14 by [REDACTED] DC recommended that the patient follow up with [REDACTED] regarding positive MRI findings. Medical records document imaging and electrophysiologic evidence of significant spinal pathology. The plan and course of care may benefit from the expertise of an orthopedic surgeon. The medical records support the medical necessity of consultation with an orthopedic surgeon specialist. Therefore, the request for One ortho consult is medically necessary.

One pain management referral.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, 308-310, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that referral for specialist consultation is indicated for patients who have imaging and electrophysiologic evidence of significant spinal pathology. Chronic Pain Medical Treatment Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radiculopathy corroborated by imaging studies or electrodiagnostic testing. MRI of the lumbar spine performed on 03/27/2014 reported spondylotic changes, L4-L5 posterior annular tear in the intervertebral disc with accompanying 2 mm posterior disc bulge resulting in mild to moderate right and moderate to severe left neural foraminal narrowing and bilateral exiting nerve root compromise in conjunction with facet hypertrophy, L5-S1 posterior annular tear in the intervertebral disc with accompanying 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Nerve conduction study and electromyography EMG performed February 28, 2014 reported findings consistent with lumbar chronic active L4-L5 and L5-S1 lumbar radiculopathy. Primary treating physician's progress report dated 04/30/14 by [REDACTED] recommended that the patient be referred for pain management evaluation. Medical records document imaging and electrophysiologic evidence of significant spinal pathology. The plan and course of care may benefit from the expertise of a pain management specialist. The medical records support the medical necessity of consultation with a pain management specialist. Therefore, the request for one pain management referral is medically necessary.