

<b>Case Number:</b>	CM14-0135895		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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:

The injured worker (IW) is a 64-year-old man with a date of injury of February 23, 2012. The mechanism of injury occurred when the IW picked up a box of bin labels weighing approximately 20 pounds when he experienced a popping sensation in his low back. The injured worker's working diagnoses are non-tender exam of the cervical spine; rule out femoral radiculopathy with positive femoral stress test bilaterally; normal knee exam with mild right knee effusion and mild medial compartment narrowing; bilateral normal elbow exams with right elbow calcific tendonitis at the triceps and olecranon; left shoulder impingement; and tender right great toe at the IP joint with hallux valgus deformity. Prior treatments have included physical therapy, acupuncture, chiropractic therapy, and epidural steroid injection X 1. The medical record was reviewed in its entirety. There were no recent progress notes, or clinical documentation from the primary treating physician. The most recent documentation comes from the Agreed Medical Evaluation (AME) dated February 13, 2014. According to the AME, the IW received physical therapy (PT), and acupuncture to his cervical spine, right knee, and left foot with some benefit. He was given a right knee brace, medications, and an interferential unit as well. The total number of acupuncture sessions was not detailed in the medical record. In the fall of 2012, the IW attended PT and acupuncture with some benefit. The exact numbers of sessions were not documented. There was no evidence of objective function improvement associated with acupuncture documented in the medical record. According to the 2/13/14 progress note, the IW complains of pain in his shoulders, low back, and right knee. The back pain radiates into his upper back and down his legs into his ankles. Examination of the lumbar spine reveals tenderness appreciated bilaterally to the sciatic notch. Sensation was normal. Dermatomes were normal. Nerves were within normal limits. Pulses are intact. Examination of the knees reveals no tenderness appreciated. Sensation, dermatomes, nerves, and pulses are normal. Current

medications are Naproxen and Flexeril. According to documentation, the IW was not taking any narcotics. The current request is for Acupuncture 2 times a week for 3 weeks to the lumbar, right knee and foot, shockwave; shockwave 1 time a week for 3 weeks to the lumbar, right knee and foot, and chromatography. There is no documentation indicating aberrant drug-related activity or evidence of drug misuse or abuse. Additionally, there is no documentation indicating whether the IW is a low risk, intermediate or high risk for drug misuse or abuse.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2 x 3 to lumbar, right knee and foot-6 sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Acupuncture

**Decision rationale:** Pursuant to the Official Disability Guidelines, acupuncture two times a week times three weeks to the lumbar, right knee and foot, six sessions are not medically necessary. The Official Disability Guidelines enumerate the frequency and duration of acupuncture treatments. Initial trial of 3 to 4 visits over two weeks; with evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the injured worker's working diagnoses according to an Agreed Medical Examinations performed February 13, 2014 are non-tender exam of the cervical and lumbar spine; left femoral radiculopathy with positive femoral stress test bilaterally; normal knee exams with mild right knee effusion and mild medial compartment narrowing; bilateral normal elbow exams with right elbow calcific tendinitis at the triceps and olecranon; left shoulder impingement; tender right great toe at IP joint. The documentation indicates in an Agreed upon Medical Examination that between 2003 and 2009 the injured worker received "therapies". A progress note dated March 29, 2012 indicates the patient received physical therapy and acupuncture with some benefit. In the fall of 2012 the injured worker receives physical therapy and acupuncture with some benefit. In July 2013 progress note indicates physical therapy was implemented, however, the number of physical therapy visits and the areas treated were not in the medical record. There was no documentation regarding objective functional improvement with acupuncture. Consequently, absent the appropriate clinical documentation showing evidence of objective functional improvement and the clinical indication/rationale for ongoing acupuncture, acupuncture two times a week times three weeks to the lumbar, right knee and what, six sessions are not medically necessary.

**Shockwave 1 x 3 to lumbar, right knee and foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, Chronic Pain Treatment Guidelines Ultrasound therapy Page(s): 123.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Ankle Section; Shockwave Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, shockwave therapy one time per week times three weeks to the lumbar, right knee and right foot is not medically necessary. Shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. Extracorporeal shock wave therapy (ESWT) is recommended as an option for chronic plantar fasciitis. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the injured worker's working diagnoses according to an Agreed Medical Examinations performed February 13, 2014 are non-tender exam of the cervical and lumbar spine; left femoral radiculopathy with positive femoral stress test bilaterally; normal knee exams with mild right knee effusion and mild medial compartment narrowing; bilateral normal elbow exams with right elbow calcific tendinitis at the triceps and olecranon; left shoulder impingement; tender right great toe at IP joint. ESWT is not indicated low back pain. The injured worker does not have documentation with a diagnosis indicating plantar fasciitis. Consequently, absent the appropriate clinical documentation/indication and the non-recommendation for the Official Disability Guidelines for shockwave therapy and low back pain, shockwave therapy one time per week times three weeks to the lumbar, right knee and right foot is not medically necessary.

**Chromatography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain Chapter Urine Drug Testing topic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chromatography is not medically necessary. Chromatography is a form of confirmatory drug testing. Chronic Pain Medical Treatment Guidelines states intermittent drug testing is recommended to assess for the use of presence of illegal drugs. The Official Disability Guidelines indicate confirmatory drug testing is not recommended outside the emergency department in a drug overdose context. In this case, the injured worker's working diagnoses according to an agreed medical examinations performed February 13, 2014 are non-tender exam of the cervical and lumbar spine; left femoral radiculopathy with positive femoral stress test bilaterally; normal knee exams with mild right knee effusion and mild medial compartment narrowing; bilateral normal elbow exams with right elbow calcific tendinitis at the triceps and olecranon; left shoulder impingement; tender right great toe at IP joint. There were no progress notes or documentation from 2014. There is no documentation indicating aberrant drug-related activity or evidence of drug misuse or abuse. Additionally, there is no documentation indicating

whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent the appropriate clinical indication for chromatography including drug related/risk related behavior and documentation 2014, chromatography is not medically necessary.