

<b>Case Number:</b>	CM14-0190810		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2014

### 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 59-year-old male with a date of injury of 09/25/2012. The listed diagnoses are: 1. Low back pain. 2. Lumbar spine H&P. 3. Lumbar facet arthropathy. 4. Hemangioma at L3. 5. Lumbar radiculopathy. 6. Right knee medial meniscus tear. 7. Osteoarthritis of the left knee. 8. Right knee internal derangement.

According to progress report 10/03/2014, the patient presents with low back pain that radiates into both legs. The pain is associated with numbness and tingling of the bilateral lower extremities greater on the left. The patient also complains of bilateral knee pain and muscle spasms. Examination of the lumbar spine revealed patient is able to heel and toe walk, however, with pain in the right knee. The patient is able to squat approximately 10% of normal due to pain. Range of motion was decreased in all planes. There is positive straight leg raise and Braggard's bilaterally. Examination of the bilateral knee revealed resisted manual muscle testing with 5/5 representing maximal strength. Flexion and extension is 4/5 bilaterally. There is positive McMurray's and Lachman's bilaterally. The treating physician recommends that the patient continue shockwave therapy to the low back and bilateral knee and LINT. He also recommends Terocin patches for pain relief. Utilization review denied the request on 11/14/2014. Treatment reports from 06/06/2014 through 12/03/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy to Lumbar spine (sessions) Qty: 6.00: 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) , 5th Edition, 2007 Low Back - Lumbar and Thoracic (Acute and Chronic), Shockwave Therapy

**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) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Shock wave therapy

**Decision rationale:** This patient presents with bilateral knee and low back pain. The current request is for extracorporeal shockwave therapy to lumbar spine (sessions) qty. 6.00. The ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy, "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 under the Low Back Chapter has the following regarding shockwave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" ODG states that extracorporeal shockwave therapy is not recommended for treating low back pain. The requested ESWT for the lumbar spine is not medically necessary.

**Extracorporeal Shockwave Therapy to right knee (visits) Qty: 3.00: 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) Treatment in Workers Compensation, 5th edition, 2007 Knee & Leg (Acute and Chronic), Extracorporeal shockwave therapy

**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) Knee & Leg (Acute & Chronic) chapter, Extracorporeal shock wave therapy (ESWT)

**Decision rationale:** This patient presents with bilateral knee and low back pain. The current request is for extracorporeal shockwave therapy to right knee (visits) qty 3.00. The ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy, "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 regarding ESWT specifically for the knees/legs states, "Under study for patellar tendinopathy and for long bone hypertrophic non-unions." 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. The requested ESWT for the right knee is not medically necessary.

**Localized intense Neurostimulation therapy to Lumbar Spine Qty: 6.00: 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) Treatment in Workers Compensation , 5th edition, 2007 Low Back - Lumbar & Thoracic (Acute & Chronic)

**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 Chapter On Hyperstimulation Analgesia

**Decision rationale:** This patient presents with bilateral knee and low back pain. The current request is for localized intense neurostimulation therapy to the lumbar spine qty. 6.00. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the low back chapter on hyperstimulation analgesia states, "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies...." In this case, the requested localized intense neurostimulation therapy is not supported by ODG Guidelines. The requested LINT is not medically necessary.

**Terocin Patches dosage Qty:1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Medication for Chronic Pain Page(s): 111-113; 60.

**Decision rationale:** This patient presents with bilateral knee and low back pain. The current request is for Terocin patches, dosage qty. 1.00. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines state, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The MTUS Guidelines support the usage of salicylate topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with bilateral knee pain for which Terocin patches may be indicated for. However, the treating physician has been dispensing these patches since at least 06/06/2014 without any documentation of efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. The treating physician, in this case, has no documentation of the effects of this medication as recommended on page 60 of MTUS. The requested Terocin patches are not medically necessary.