

<b>Case Number:</b>	CM15-0107944		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/04/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 52 year old female with a February 4, 2015 date of injury. A progress note dated May 7, 2015 documents subjective findings (neck pain with radiation to both arms; mid/low back pain with radiation to both legs; constant bilateral wrist pain radiating to the fingers; bilateral knee pain; loss of sleep due to pain; depression, anxiety, frequent crying), objective findings (decreased and painful range of motion of the cervical spine; tenderness to palpation of the cervical paravertebral muscles with spasms; positive cervical compression test bilaterally; decreased and painful range of motion of the thoracic spine; tenderness to palpation of the thoracic paravertebral muscles with spasms; decreased and painful range of motion of the lumbar spine; tenderness to palpation of the lumbar paravertebral muscles with spasms; positive straight leg raise bilaterally; decreased and painful range of motion of the bilateral wrists; tenderness to palpation of the dorsal wrist and volar wrist bilaterally; Tinel's causes pain bilaterally; decreased and painful range of motion of the bilateral knees; tenderness to palpation of the bilateral anterior and posterior knees with spasms; McMurray's, valgus, varus, and Clark's are positive bilaterally), and current diagnoses (cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; depression). Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. The treating physician documented a plan of care that included a functional capacity evaluation, x-rays of the knee, cervical spine and lumbar spine, transcutaneous electrical nerve stimulator unit with supplies, extracorporeal shockwave therapy, and trigger point impedance imaging followed by localized intense neurostimulator therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Trigger Point Impedance Imaging (TPII) followed by localized intense neurostimulator therapy (LINT): 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), Low Back Chapter, Trigger point impedance imaging and Hyperstimulation analgesia.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127. Page 97 of 127.

**Decision rationale:** This claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. The current California web-based MTUS collection was reviewed in addressing this request. Imaging is unnecessary per MTUS for identifying trigger points. The MTUS notes it is based on simple physical examination. They note the only requirement is "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". Therefore, the impedance imaging is unnecessary. Also, LINT [Intense Neurostimulation] is a form of Percutaneous electrical nerve stimulation (PENS). The MTUS notes: Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. (Ghonaime-JAMA, 1999) (Yokoyama, 2004) In this case, there is no evidence of its use being part of a functional evidence-based restoration program. Also, the first portion of the request, the impedance imaging, was not certified, and so this follow on procedure would likewise not be needed. Finally, the guides themselves note a lack of high quality evidence to support LINT. The request is not medically necessary.

### **X-ray Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): MTUS-ACOEM guides, Chapter 13 for the Knee page 341.

**Decision rationale:** As noted, this claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. The California MTUS-ACOEM guides, Chapter 13 for the Knee note on page 341: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall. Palpable tenderness over fibular head or patella. Inability to walk (four steps) or bear weight immediately or within a week of the trauma. Inability to flex knee to 90 degrees. These criteria are not noted in the records provided. The request is not medically necessary.

**X-ray cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) The California MTUS-ACOEM guides, specifically Chapter 8 for the neck, note on page 177.

**Decision rationale:** As previously documented, this claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. This is a request for an x-ray of the cervical spine. The MTUS notes that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request was appropriately not medically necessary.

### **Shockwave 1 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back, ESWT.

**Decision rationale:** As shared, this claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and past extracorporeal shockwave therapy of unknown benefit. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. It is not known to which region the shock wave therapy was being requested. However, regarding this form of shock wave therapy to the back and neck, the ODG notes: Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) See the Low Back Chapter. Two small studies have been published for upper back or neck pain. In this study trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of radial shock wave without physical therapy need to be examined in further studies. (Damian, 2011) In this study ESWT in patients with myofascial pain syndrome in trapezius muscle were as effective as trigger point injections (TPI) and TENS for pain relief and improving cervical range of motion, but neither TENS nor TPI are recommended treatments. (Jeon, 2012) Therefore, there are several reasons for non certification. First, the location of the shockwave therapy is not specified. Second, the objective functional improvement outcomes from the previous sessions is not noted. Given the adverse support in the guidelines, the request is also not certified on that basis. Therefore, the request is not medically necessary.

### **Prime Dual Nerve Stimulator TENS/EMS unit with supplies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

**Decision rationale:** Noted previously, this claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. "Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)" Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) "Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)" Multiple sclerosis. (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is not medically necessary.

**Extracorporeal Shockwave Therapy (ESWT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back, ESWT.

**Decision rationale:** As noted, this claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding this form of shock wave therapy to the back and neck, the guides note: Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) See the Low Back Chapter. Two small studies have been published for upper back or neck pain. In this study, trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of

radial shock wave without physical therapy need to be examined in further studies. (Damian, 2011) In this study ESWT in patients with myofascial pain syndrome in trapezius muscle were as effective as trigger point injections (TPI) and TENS for pain relief and improving cervical range of motion, but neither TENS nor TPI are recommended treatments. (Jeon, 2012) As shared in a previous request, the body region for this proposed shockwave therapy is not specified. Second, the objective functional improvement outcomes from the previous sessions is not noted. Given the adverse support in the guidelines, the request is also not medically necessary on that basis.

**X-ray lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) The California MTUS-ACOEM guides, specifically Chapter 12 for the back, note on page 303.

**Decision rationale:** As previously mentioned, this claimant was injured in February. Current diagnoses are reported to be cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. The MTUS notes that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. The request was appropriately not medically necessary.

**Functional Capacity Evaluation:** 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); Online Edition, Fitness For Duty, functional capacity evaluation (FCE) chapter, guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

**Decision rationale:** As shared previously, this claimant was injured in February. Multiple diagnoses are reported as cervical disc protrusion; cervical myospasm; cervical sprain/strain; thoracic myospasm; thoracic sprain/strain; lumbar disc protrusion; lumbar sprain/strain; right wrist sprain/strain; right wrist myofascitis; left wrist sprain/strain; left wrist myofascitis; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; sleep disturbance; anxiety; and depression. Treatments to date have included chiropractic treatments and extracorporeal shockwave therapy. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case especially did not meet this timing criterion. For these reasons, this request was not medically necessary.