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| Case Number: | CM15-0136238 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 03/20/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 20, 2014. In a utilization review report dated July 10, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy and cyclobenzaprine. The claims administrator referenced an RFA form received on July 8, 2015 and an associated progress note of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 8, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain, 5-7/10. Multiple palpable tender points were noted. Extracorporeal shockwave therapy was sought for myofascial low back pain. A lumbar support was endorsed. The applicant was given multiple medications, including tramadol, cyclobenzaprine, Protonix, and Naprosyn. The applicant was not working, it was acknowledged through preprinted check boxes. The applicant was placed off of work, on total temporary disability; it was noted toward the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy using EMS Swiss DolorClast ESWT device 2000 shocks at level 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Shock wave therapy.

Decision rationale: No, the request for extracorporeal shockwave therapy was not medically necessary, medically appropriate, or indicated here. Page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, of which the extracorporeal shockwave therapy in question is a subset, is deemed "not recommended" in the chronic pain context present here. ODG's Low Back Chapter Shockwave Therapy Topic also notes that extracorporeal shockwave therapy is not recommended in the treatment of low back pain, as was/is present here. Here, the attending provider failed to furnish a compelling rationale for selection of this particular modality in the face of the unfavorable MTUS and ODG positions on the article at issue. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, Naprosyn, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.