

Case Number:	CM15-0138732		
Date Assigned:	08/18/2015	Date of Injury:	03/10/2010
Decision Date:	09/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 59 year old male, who sustained an industrial injury on 3-10-10. The injured worker was diagnosed as having protrusion at L3, L4-5, and L5-S1. Other diagnoses included multiple lumboparaspinal trigger points. Treatment to date has included trigger point injections, physical therapy, home exercise, TENS, use of a back brace, ice application, and medication. On 6-16-15, pain was rated as 8 of 10. Physical examination findings on 6-16-15 included 6 markedly tender trigger points in the lumboparaspinal musculature, a positive straight leg raise, and diminished sensation right greater than left L5 and S1 dermatomal distributions. The injured worker had been taking Cyclobenzaprine since at least 1-13-15. Currently, the injured worker complains of low back pain with right greater than left lower extremity symptoms. The treating physician requested authorization for extracorporeal shockwave therapy x5 sessions, acupuncture 2x6 for the lumbar spine, chiropractic treatment 2x6 for the lumbar spine, Cyclobenzaprine 7.5mg #90, and a monthly urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy x 5 sessions: 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, Shock wave therapy.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for ESWT. MTUS guidelines state the following: Not recommended in the low back. According to the clinical documentation provided and current MTUS guidelines; ESWT is not indicated as a medical necessity to the patient at this time.

Acupuncture 2x6 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for therapy sessions. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of therapy already, and there is lack of documentation of functional improvement. The above request would also exceed the current amount of sessions that is recommended. According to the clinical documentation provided and current MTUS guidelines; acupuncture, as written above, is not indicated as a medical necessity to the patient at this time.

Chiropractic treatment 2x6 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for therapy sessions. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9

729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of therapy already, and there is lack of documentation of functional improvement. The above request would also exceed the current amount of sessions that is recommended. According to the clinical documentation provided and current MTUS guidelines; therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, page 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not indicated a medical necessity to the patient at this time.

Urine drug screen, monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, UDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43, 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an UDS, Monthly. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is taking controlled substances. There is no indication as to why this drug screen needs to be performed monthly. According to the clinical documentation provided and current MTUS guidelines; a UDS monthly, is not indicated as a medical necessity to the patient at this time.