

Case Number:	CM15-0140672		
Date Assigned:	07/30/2015	Date of Injury:	02/10/2015
Decision Date:	09/23/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

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 56-year-old who has filed a claim for neck, mid back, and low back pain reportedly associated with an industrial injury of February 10, 2015. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for 12 sessions of manipulative therapy, CT imaging of the neck, CT imaging of the lumbar spine, tramadol, and six sessions of extracorporeal shock wave therapy. The claims administrator referenced an RFA form received on June 8, 2015 in its determination, along with a progress note of June 4, 2015. The applicant's attorney subsequently appealed. On an RFA form of June 8, 2015, a follow-up visit, urine toxicology testing, manipulative therapy, CT imaging of the cervical spine, CT imaging of the lumbar spine, extracorporeal shock wave therapy, topical compounds, naproxen, Prilosec, Norflex, tramadol, and a psyche behavioral management referral were endorsed. In an associated progress note of June 4, 2015, handwritten, difficult to follow, not entirely legible, 12 sessions of manipulative therapy, topical compounds, psychiatry consultation, and x-rays of the cervical and lumbar spines were ordered. Extracorporeal shock wave therapy for the lumbar spine was also ordered while the applicant was kept off of work. The note was very difficult to follow, thinly developed, handwritten, not entirely legible, and notable for comments that the claimant was continuing to report complaints of neck, upper back, and low back pain in the 7-8/10 range. The attending provider suggested that the claimant's complaints had become chronic by diagnosing the claimant with a chronic pain syndrome. In an April 6, 2015 Doctor's First Report (DFR), eight sessions of chiropractic manipulative therapy were ordered, along with x-rays of the cervical spine, MRI of the cervical spine, x-rays of the

lumbar spine, MRI of the lumbar spine, and electrodiagnostic testing of the bilateral upper and bilateral lower extremities. Acupuncture and an interferential stimulator were also ordered on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 298-299, 173, Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function Chapter, page 114 Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was placed off of work, on total temporary disability, as of the date in question, June 4, 2015. It did not appear that previously performed manipulative therapy had proven successful. Therefore, the request was not medically necessary.

CT scan soft tissue neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck/Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for CT imaging of the soft tissue of the neck was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the June 4, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention or invasive procedure based on the outcome of the study in question. Said progress note comprised, in large part, of pre-printed checkboxes. Little-to-no narrative rationale or support for the proposed CT scan of the soft tissue of the neck was furnished on that date. Therefore, the request was not medically necessary.

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for CT imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies of the low back should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, the handwritten June 4, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The fact that CT studies of the cervical lumbar spines were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or going on to consider surgical intervention based on the outcome of the same. Said June 4, 2015 progress note was, as noted previously, thinly and sparsely developed and did not, in short set forth a clear or compelling case for the request. Therefore, the request was not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for the same. The attending provider previously furnished the applicant with a prescription for tramadol on April 6, 2015. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, it was acknowledged on June 4, 2015, despite ongoing usage of Norco. Said June 4, 2015 progress note failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Ortho shock wave x6 to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Peer review literature "Extracorporeal Shock Wave Therapy for Orthopedic Conditions" Study by Gerdesmeyer (2003).

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: Similarly, the request for six sessions of ortho shock wave therapy (AKA extracorporeal shock wave therapy) for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, is "not recommended" in the chronic pain context present here. ODG's Low Back Chapter Shock Wave Therapy topic also notes that shock wave therapy is not recommended in the low back pain context present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of this particular treatment modality in the face of the unfavorable MTUS and ODG positions on the same. Therefore, the request was not medically necessary.