

Case Number:	CM15-0141065		
Date Assigned:	07/30/2015	Date of Injury:	05/23/2011
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25-year-old female, who sustained an industrial injury on 5-23-2011. The injured worker was diagnosed as having status post lumbar fusion L5-S1, facet arthropathy L4-5, lumbar radiculopathy, and trigger points to lumboparaspinal musculature, refractory, and right knee pain. Treatment to date has included diagnostics, lumbar fusion 1-05-2012, unspecified physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Currently (6/29/2015), the injured worker complains of low back pain with right lower extremity symptoms, rated 6 out of 10, trigger points, right knee pain, rated 5 out of 10, and left knee pain, rated 3 out of 10. Medication use included Tramadol, Naproxen, and Cyclobenzaprine. Exam noted lumbar spine tenderness and decreased range of motion. Multiple trigger points in the lumboparaspinal musculature were noted. Exam of the knees noted tenderness, one plus effusion to right knee, and decreased range of motion. The treatment plan included shockwave therapy (for lumbar trigger points and myofascial pain syndrome) and physical therapy (for the lumbar spine). It was documented that the denied request for physical therapy was reasonable and she should continue home exercise, being familiar with what exercises to focus on. The treatment plan included a continued request for shockwave therapy. Work status remained total temporary disability. Urine toxicology (3-2015) was inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy (ESWT) utilizing the EMS Swiss Dolorclast ESWT device 2000 shocks times 5 session for lumbar trigger points/myofascial pain syndrome: 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, Shockwave Therapy updated 05/15/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for the ESWT treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ESWT treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ESWT treatment. The Shockwave therapy (ESWT) utilizing the EMS Swiss Dolorclast ESWT device 2000 shocks times 5 session for lumbar trigger points/myofascial pain syndrome is not medically necessary and appropriate.

Physical therapy 3 times a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy

already rendered to support further treatment. The Physical therapy 3 times a week for 4 weeks for lumbar spine is not medically necessary and appropriate.