

Case Number:	CM15-0141126		
Date Assigned:	07/30/2015	Date of Injury:	04/26/2002
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
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 (IW) is a 42-year-old male who sustained an industrial injury on 04-26-2002. Diagnoses include status post remote lumbar decompression; lumbar myofascial pain; and lumbar paraspinal trigger points. Treatment to date has included medications, trigger point injections, home exercise program, activity modification, lumbar decompression and physical therapy. According to the progress notes dated 6-11-2015, the IW reported low back pain rated 7 out of 10 with pain into the lower extremities, right greater than left. He complained of myofascial pain and multiple tender trigger points in the lumbar paraspinal muscles. On examination, tenderness in the lumbar spine was unchanged and multiple trigger points and spasms were noted in the lumbar paraspinal muscles. Lumbar range of motion was decreased in all planes and straight leg raise was positive bilaterally. No neurological changes were noted. A request was made for five extracorporeal shockwave therapy visits to treat lumbar paraspinal trigger points and myofascial pain syndrome, one urine drug screen due to the IW being in the "high risk" category; and Tramadol 50mg, #90 to treat pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five extracorporeal shockwave therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. 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 this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic non-unions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Five extracorporeal shockwave therapy visits is not medically necessary and appropriate.

One urine drug screen: Upheld

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

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

Decision rationale: The provider noted the patient being in the "high risk" category; however, does not specify indication, necessity or history of such behavior. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic 2002 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The One urine drug screen is not medically necessary and appropriate.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic 2002 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol 50mg #90 is not medically necessary and appropriate.