

<b>Case Number:</b>	CM15-0141349		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/03/2015
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Family Practice

### 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 29 year old female who sustained an industrial injury on 03/03/2015 while pushing a pallet. The injured worker was diagnosed with right knee sprain/strain, lumbar sprain/strain, and right foot sprain/strain and right plantar fasciitis. Treatment to date has included diagnostic testing with recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral upper extremities reported as normal on May 21, 2015, physical therapy, chiropractic therapy and custom fitted functional orthotics. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience low back pain, slight bilateral wrist and hand pain with numbness and tingling and slight right foot pain. Examination of the lumbar spine demonstrated tenderness to palpation with spasm and decreased range of motion with pain. The injured worker ambulated favoring the right lower extremity. Documentation noted bilateral Tinel's sign with hyperpronation of the feet. The injured worker is not working. Current medications were not documented. Treatment plan consists of wrist support, lumbosacral orthosis, lumbar traction, cold therapy unit, follow-up with podiatry, orthopedic consultation, pain management consultation, acupuncture therapy and the current request for electrical stimulation once a week for 4 weeks and extracorporeal shockwave therapy. ESWT is requested for the foot and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Electrical Stimulation once a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) Page(s): 113-116, 118-120, 120.

**Decision rationale:** The request for electrical stimulation is not supported. The requested code noted for electrical stimulation is GO283 which is unattended electrical stimulation consisting of Transcutaneous electrotherapy (Tens), Interferential Current Stimulation (ICS), or Neuromuscular electrical stimulation (NMES devices). The medical records do not establish which modality is being requested. Per the MTUS guidelines, Neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The MTUS guidelines do not recommend interferential stimulation as an isolated intervention. There is no indication that the patient's pain is ineffectively controlled due to diminished effectiveness of medication. There is no indication that the patient has significant side effects from medication or a history of substance abuse. The records do not establish that the patient has been unresponsive to other conservative measures. According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The request for Electrical Stimulation once a week for four weeks is not medically necessary and appropriate.

## **Extracorporeal Shockwave Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Shock Wave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ Extracorporeal shock wave therapy (ESWT) Ankle & Foot Chapter /Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** According to the Official Disability Guidelines, Shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. According to the Official Disability Guideline's Ankle & Foot Chapter, Extracorporeal shock wave therapy (ESWT) is not recommended using high energy ESWT. It is recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. The medical records note that Extracorporeal shock wave therapy (ESWT) is being requested for the foot and lumbar spine. The request for Extracorporeal Shockwave Therapy is not medically necessary and appropriate.