

Case Number:	CM15-0142932		
Date Assigned:	08/03/2015	Date of Injury:	07/12/2013
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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 51-year-old female who sustained an industrial injury on 7-12-13 from a lifting incident causing sharp pain in the right arm that radiated to the back causing spasms. In addition, as she bent down to lift a box she felt a sharp pain in her lower back and right elbow. She was medically evaluated with diagnostic studies. She currently complains of constant, burning right elbow pain and muscle spasms with numbness and tingling radiating to the hands and fingers with a pain level of 5 out of 10; constant, burning radicular low back pain and muscle spasms and a pain level of 5 out of 10. Medications offer temporary relief. On physical exam of the right elbow, there was tenderness to palpation with decreased range of motion, cubital Tinel's was positive; lumbar spine exam revealed pain and tenderness with palpation, decreased range of motion. Medications were Terocin patch, deprizine, dicoprofen, fanatren, synapryn, tabradol, capsaicin, flurbiprofen, mentho, cyclobenzaprine, gabapentin. Diagnoses include multilevel intervertebral lumbar disc syndrome; medial epicondylitis, right elbow; joint derangement right elbow; low back pain; sprain of ligaments of the lumbar spine. Treatments to date include physical therapy; acupuncture treatments; chiropractic treatment; shock wave therapy; localized intense neurostimulation therapy; medications; elastic elbow support. Diagnostics include MRI of the lumbar spine (12-14-14) showing disc desiccation; MRI of the right elbow (12-14-14) showing tendinosis, bursitis; MRI of the lumbar spine (5-7-14) showed disc herniation; MRI of the lumbar spine (10-22-13) showed disc protrusion; MRI of the right elbow (10-22-13) was normal; electrodiagnostic studies of the lower extremities (2-4-15) normal. In the progress note dated 2-13-15 the treating provider's plan of care includes requests for acupuncture three times per week for six weeks for the right arm; electric shock wave therapy once a week for three weeks for the right arm and up to six treatments for the lumbar spine; localized intense neurostimulation therapy once per week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x6 right arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 8 of 127, 13 of 127.

Decision rationale: The patient presents with right elbow and radicular low back pain rated 5/10. The request is for acupuncture 3x6 right arm. The request for authorization is not provided. MRI of the lumbar spine, 12/14/14, shows disc desiccation at L1-L2 to L5-S1. MRI of the right elbow, 12/14/14, shows tendinosis and bursitis now seen. MRI of the cervical spine, 06/12/15, shows disc desiccation throughout the entire cervical spine with associated loss of disc height at C5-C6 and C6-C7. EMG/NCV of the lower extremities, 02/04/15, shows electrodiagnostic tests are suggestive of significant lumbar paraspinal muscles spasms and/or lumbar nerve roots irritation/traction injury; unobtainable peroneal and tibial F-waves of, probably, no clinical significance; saphenous neuropathy bilaterally. Physical examination of the right elbow reveals +1 tenderness to palpation at the flexor and extensor muscle compartments and at the cubital tunnel of the forearm. Range of motion of the right elbow is decreased. Cubital Tinel's is positive. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Exam of the lumbar spine reveals pain with palpation noted over the lumbar spine. There is tenderness to palpation at the quadratus lumborum and at the lumbosacral junction. Range of motion of the lumbar spine is decreased. Straight Leg Raise is positive bilaterally. Sitting Root is positive bilaterally. Slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Patient's medications include Deprizine, Dicopanol, Fantrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin and Flurbiprofen. Per progress report dated 04/14/15, the patient remains off work. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 04/14/15, treater's reason for the request is "The patient is to continue with the course of physical therapy, chiropractic and acupuncture for the right elbow and lumbar spine." Treater does not document how many previous sessions of acupuncture the patient has had. Given patient's condition, sessions of Acupuncture may be indicated. However, MTUS guidelines recommend up to 6 treatments to produce functional improvement. In this case, the request for 18 sessions of Acupuncture exceeds MTUS recommendation. Therefore, the request is not medically necessary.

ESWT 1x3 for the right arm and up to 6 visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, under Extracorporeal shockwave therapy (ESWT), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Shock wave therapy.

Decision rationale: The patient presents with right elbow and radicular low back pain rated 5/10. The request is for ESWT 1x3 for the right arm and up to 6 visits for the lumbar spine. The request for authorization is not provided. MRI of the lumbar spine, 12/14/14, shows disc desiccation at L1-L2 to L5-S1. MRI of the right elbow, 12/14/14, shows tendinosis and bursitis now seen. MRI of the cervical spine, 06/12/15, shows disc desiccation throughout the entire cervical spine with associated loss of disc height at C5-C6 and C6-C7. EMG/NCV of the lower extremities, 02/04/15, shows electrodiagnostic tests are suggestive of significant lumbar paraspinous muscles spasms and/or lumbar nerve roots irritation/traction injury; unobtainable peroneal and tibial F-waves of, probably, no clinical significance; saphenous neuropathy bilaterally. Physical examination of the right elbow reveals +1 tenderness to palpation at the flexor and extensor muscle compartments and at the cubital tunnel of the forearm. Range of motion of the right elbow is decreased. Cubital Tinel's is positive. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Exam of the lumbar spine reveals pain with palpation noted over the lumbar spine. There is tenderness to palpation at the quadratus lumborum and at the lumbosacral junction. Range of motion of the lumbar spine is decreased. Straight Leg Raise is positive bilaterally. Sitting Root is positive bilaterally. Slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Patient's medications include Deprizine, Dicopanol, Fantrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin and Flurbiprofen. Per progress report dated 04/14/15, the patient remains off work. ODG-TWC Guidelines, Elbow Chapter, under Extracorporeal shockwave therapy (ESWT) Section states, "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects".

Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence.

- (1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment.
- (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone).
- (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients

who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Shock wave therapy Section states, "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. (Seco, 2011)" Treater does not discuss the request. In this case, there is no guideline support for ESWT for treating low back pain. For the right arm, there is low guideline support. However, per progress report dated 09/08/14, patient was treated to the 3rd session of ESWT. The request for 3 additional therapy sessions of ESWT for the right elbow would exceed the maximum allowed by ODG guidelines. Therefore, the request is not medically necessary.

LINT Therapy 1x6 for the Lumbar: Upheld

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

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 under Hyperstimulation analgesia.

Decision rationale: The patient presents with right elbow and radicular low back pain rated 5/10. The request is for LINT therapy 1x6 for the lumbar. The request for authorization is not provided. MRI of the lumbar spine, 12/14/14, shows disc desiccation at L1-L2 to L5-S1. MRI of the right elbow, 12/14/14, shows tendinosis and bursitis now seen. MRI of the cervical spine, 06/12/15, shows disc desiccation throughout the entire cervical spine with associated loss of disc height at C5-C6 and C6-C7. EMG/NCV of the lower extremities, 02/04/15, shows electrodiagnostic tests are suggestive of significant lumbar paraspinal muscles spasms and/or lumbar nerve roots irritation/traction injury; unobtainable peroneal and tibial F-waves of, probably, no clinical significance; saphenous neuropathy bilaterally. Physical examination of the right elbow reveals +1 tenderness to palpation at the flexor and extensor muscle compartments and at the cubital tunnel of the forearm. Range of motion of the right elbow is decreased. Cubital Tinel's is positive. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Exam of the lumbar spine reveals pain with palpation noted over the lumbar spine. There is tenderness to palpation at the quadratus lumborum and at the lumbosacral junction. Range of motion of the lumbar spine is decreased. Straight Leg Raise is positive bilaterally. Sitting Root is positive bilaterally. Slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Patient's medications include Deprizine, Dicopanol, Fantrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin and Flurbiprofen. Per progress report dated 04/14/15, the patient remains off work. The MTUS and ACOEM Guidelines do not address this request. However, ODG Low Back Chapter under Hyperstimulation analgesia states: "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies". Treater does not discuss the request. Nonetheless, ODG guidelines state that Localized Intense Neurostimulation Therapy is not recommended due to insufficient quality studies to support the therapy. Therefore, the request is not medically necessary.