

Case Number:	CM15-0143353		
Date Assigned:	08/04/2015	Date of Injury:	07/18/2013
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 41-year-old male with a July 18, 2013 date of injury. A progress note dated July 7, 2015 documents subjective complaints (lower back pain rated at a level of 6 out of 10), objective findings (tenderness of the lumbar spine; decreased range of motion of the lumbar spine; lower extremity neurological evaluation essentially unchanged; spasm of the lumbar paraspinal musculature less pronounced), and current diagnoses (protrusion L5-S1 and S1 neural encroachment; lumbar spondylosis). Treatments to date have included medications, chiropractic treatments, and imaging studies. The treating physician documented a plan of care that included five extracorporeal shock wave therapy sessions, and Tramadol ER 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 extracorporeal shock wave therapy sessions: 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) Low back section, Extracorporeal shock wave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy five sessions is not medically necessary. Shockwave therapy is not recommended. The available evidence does not support the effectiveness ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the worker's working diagnoses are protrusions L5 - S1 with S1 neural encroachment; lumbar spondylosis; and trigger points, lumbar paraspinal. The date of injury is July 18, 2013. Request for authorization is July 8, 2015. The earliest progress note in the medical record is dated December 12, 2014. The injured worker has low back pain the pain scale of 7/10. The treating provider prescribed tramadol ER 150 mg along with cyclobenzaprine, Naprosyn and pantoprazole. Urine drug screens were performed January 9, 2015 and February 4, 2015 that were negative for the declared medications. There was no discussion in the medical record by the treating provider regarding these inconsistencies. On February 25, 2015, tramadol ER 150 mg was reduced to Tramadol 100 mg. according to the most recent progress note dated June 17, 2015, the injured worker had a pain scale 8/10 with ongoing low back pain radiates to the left lower extremity. Objectively, there was tenderness to palpation over the lumbar paraspinal muscle groups with multiple trigger points and spasm present. Shockwave therapy is not recommended. The available evidence does not support the effectiveness ultrasound or shockwave for treating low back pain. Consequently, absent guideline recommendations for extracorporeal shock wave therapy for the lumbar spine, extracorporeal shock wave therapy five sessions is not medically necessary.

Tramadol ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol ER 100 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the worker's working diagnoses are protrusions L5 - S1 with S1 neural encroachment; lumbar spondylosis; and trigger points, lumbar paraspinal. The date of injury is July 18, 2013. Request for authorization is July 8, 2015. The earliest progress note in the medical record is dated

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