

<b>Case Number:</b>	CM15-0146493		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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:

The injured worker is a 53 year old male, who sustained an industrial injury on August 21, 2013. The injured worker was diagnosed as having rule out cervical disc injury, rule out cervical radiculopathy, lumbar radiculopathy, lumbar myofascial pain and multiple trigger points. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, home exercise program (HEP) and medication. A progress note dated June 12, 2015 provides the injured worker complains of neck pain rated 7 out of 10 and back pain rated 6 out of 10. She reports physical therapy helps with pain but has not improved range of motion (ROM). Physical exam notes lumbar tenderness, decreased range of motion (ROM), positive right straight leg raise and diminished sensation. There are multiple lumbosacral trigger points. The cervical spine has tenderness to palpation spasm of the trapezius area and decreased range of motion (ROM). The plan includes additional physical therapy, extracorporeal shockwave therapy and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy one times four for cervical and lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy, Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy one time per week times four weeks to the cervical and lumbar is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are rule out cervical disc injury; rule out cervical radiculopathy; left lumbar radiculopathy; and lumbar myofascial pain. The date of injury is August 21, 2013. Request for authorization is June 22, 2015. Documentation shows physical therapy progress notes that contain modalities. There is no documentation demonstrating objective functional improvement. The injured worker is engaged in a home exercise program. The earliest progress note containing hydrocodone is dated January 7, 2015. Subjectively, the injured worker complained of low back pain and neck pain with pain scale of 6/10. The most recent progress note in the medical record dated July 10, 2015, subjectively states the injured worker has low back pain that radiates to the lower extremities and neck pain that radiates to the upper extremities. Pain scales are 7/10 and 5/10 respectively. There is also pain in the bilateral shoulders. Medications included hydrocodone 5 mg bid that was increased to 7.5 mg. The total number of physical therapy sessions to date is not specified in the medical record. There was no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Additionally, the treating provider states the injured worker failed physical therapy. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy one time per week times four weeks to the cervical and lumbar is not medically necessary.

**Hydrocodone 7.5 mg; 1 tablet twice daily; #60:** Upheld

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

**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, hydrocodone 7.5mg one tablet twice a day; #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 injured worker's working diagnoses are rule out cervical disc injury; rule out cervical radiculopathy; left lumbar radiculopathy; and lumbar myofascial pain. The date of injury is August 21, 2013. Request for authorization is June 22, 2015. Documentation shows physical therapy progress notes that contain modalities. There is no documentation demonstrating objective functional improvement. The injured worker is engaged in a home exercise program. The earliest progress note containing hydrocodone is dated January 7, 2015. Subjectively, the injured worker complained of low back pain and neck pain with pain scale of 6/10. The most recent progress note in the medical record dated July 10, 2015, subjectively states the injured worker has low back pain that radiates to the lower extremities and neck pain that radiates to the upper extremities. Pain scales are 7/10 and 5/10 respectively. There is also pain in the bilateral shoulders. Medications included hydrocodone 5 mg bid that was increased to 7.5 mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. The documentation does not demonstrate objective functional improvement to support ongoing hydrocodone 7.5 mg. Consequently, absent clinical documentation demonstrating objective functional improvement, detailed pain assessments, risk assessment and attempted weaning, hydrocodone 7.5mg one tablet twice a day; #60 is not medically necessary.

**Extracorporeal Shockwave Therapy (ECSWT) times 5 for lumbar trigger points:** 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).

**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 Shockwave Therapy (ECSWT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy times five to the lumbar trigger points is not medically necessary. Shockwave therapy is not recommended for back pain. The evidence does not support the effectiveness of shockwave for treating back pain. The clinical use of these forms of treatment is not justified and should be discouraged. Two small studies for upper back or neck pain have been published. Shockwave therapy provided temporary relief of neck pain, but the effects of radial shockwave without physical therapy need to be examined. In this case, the injured worker's working diagnoses are rule out cervical disc injury; rule out cervical radiculopathy; left lumbar radiculopathy; and lumbar myofascial pain. The date of injury is August 21, 2013. Request for authorization is June 22, 2015. Documentation shows physical therapy progress notes that contain modalities. There is no documentation demonstrating objective functional improvement. The injured worker is engaged in a home exercise program. The earliest progress note containing hydrocodone is dated January 7, 2015. Subjectively, the injured worker complained of low back pain and neck pain with pain scale of 6/10. The most recent progress note in the medical record dated July 10, 2015,

subjectively states the injured worker has low back pain that radiates to the lower extremities and neck pain that radiates to the upper extremities. Pain scales are 7/10 and 5/10 respectively. There is also pain in the bilateral shoulders. Medications included hydrocodone 5 mg bid that was increased to 7.5 mg. Shockwave therapy is not recommended for back pain. The evidence does not support the effectiveness of shockwave for treating back pain. Based on clinical information in the medical record, the peer-reviewed evidence guidelines and guidelines non-recommendations for extracorporeal shock wave therapy of the lumbar spine, extracorporeal shock wave therapy times five to the lumbar trigger points is not medically necessary.