

<b>Case Number:</b>	CM15-0166383		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 61 year old male, who sustained an industrial injury on 4-19-13. Initial complaints were of his lumbar spine, right knee and right shoulder. The injured worker was diagnosed as having lumbar spine spondylitis spondylolisthesis; lumbar disc bulge; right knee strain. Treatment to date has included physical therapy; extracorporeal shock wave therapy (ESWT); medications. Diagnostics studies included MRI lumbar spine (8-27-13). Currently, the PR-2 notes dated 1-21-15 is hand written and indicated the injured worker reports he has been experiencing right-side knee pain for the past three months. He has mentioned this in the past but nothing has been done. Constant with walking, climbing and prolonged sitting and feels he has bone-on-bone and has had to limit walking. He rates this pain as 10 out of 10 and sharp in nature. A consult with pain medicine is requested. The PR-2 notes dated 4-16-15 are hand written and indicated the injured worker has pain with activities in his back and right knee. He has a consult scheduled 4-22-15 for his right knee. The provider notes his physical examination is unchanged. The treatment plan is for the renewal of his medications Naproxen and Protonix and to follow-up in 6 weeks. The PR-2 notes dated 5-28-15 are also hand written and indicted the injured worker has continued back and right knee pain. The provider documented his physical examination is unchanged and has renewed his medication (same) and to follow-up in 7 weeks. He makes no mention of the consult for the injured workers right knee pain. A Qualified Medical Evaluation in the Specialty of Psychiatry with Psychiatric Testing (QME) dated 7-8-15 (98 pages) was submitted. The provider is requesting authorization of Chiropractic for the lumbar spine x 12.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Shockwave treatment to lumbar spine: 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), 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) Lumbar chapter, under Shock wave therapy.

**Decision rationale:** The current request is for Shockwave treatment to lumbar spine. The RFA is dated 06/17/15. Treatment to date has included physical therapy, extracorporeal shock wave therapy (ESWT), ice application and medications. ODG guidelines, Lumbar chapter, under Shock wave therapy 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. Per report 5-28-15, the patient presents with continued back and right knee pain. Physical examination was noted as "unchanged." On 01/21/15, the patient reported experiencing right-side knee pain for the past three months. He described the patient as constant with walking, climbing and prolonged sitting. He rates this pain as 10 out of 10 and sharp in nature. A request was made for shockwave treatments for the lumbar spine. The treater is requesting an undisclosed number of ESWT treatments for the management of this patient's back pain, and guidelines do not support the use of this procedure for lumbar complaints. Given the lack of guideline support for ESWT for the lower back, recommendation cannot be made. Therefore, this request IS NOT medically necessary.

### **Chiropractic for the lumbar spine x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The current request is for Chiropractic for the lumbar spine x 12. The RFA is dated 06/17/15. Treatment to date has included physical therapy, extracorporeal shock wave therapy (ESWT), ice application and medications. MTUS, Manual therapy & manipulation Section, pages 58-59, states: "Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments." Per report 5-28-15, the patient presents with continued back and right knee pain. Physical examination was

noted as "unchanged." On 01/21/15, the patient reported experiencing right-side knee pain for the past three months. He described the patient as constant with walking, climbing and prolonged sitting. He rates this pain as 10 out of 10 and sharp in nature. A request was made for 12 chiropractic treatments. According to the UR letter, the patient has received chiropractic treatments in the past. The exact number of chiropractic visits to date and the objective response to treatment were not documented in the medical reports. In this case, the request for 12 visits exceeds what is recommended by MTUS. In addition, the treater has not documented pain reduction and functional improvement resulting from prior chiropractic therapy. The request IS NOT medically necessary.

**Pain medicine consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The current request is for Pain medicine consultation. The RFA is dated 06/17/15. Treatment to date has included physical therapy, extracorporeal shock wave therapy (ESWT), ice application and medications. ACOEM, Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per report 5-28-15, the patient presents with continued back and right knee pain. Physical examination was noted as "unchanged." On 01/21/15, the patient reported experiencing right-side knee pain for the past three months. He described the patient as constant with walking, climbing and prolonged sitting. He rates this pain as 10 out of 10 and sharp in nature. A request was made for a pain specialist consult. The patient's medications include Haldol, Dalmane, and Vicodin. The patient is currently being seen by a psychiatrist and PTP. The patient presents with persistent pain despite conservative measures and is taking multiple medications. A pain specialist consultation at this juncture is reasonable and supported by ACOEM. This request IS medically necessary.