

<b>Case Number:</b>	CM15-0190029		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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

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:

This injured worker is a 59-year-old female who reported an industrial injury on 4-8-2012. Her diagnoses, and or impressions, were noted to include: lumbar sprain-strain; lumbar radiculopathy; right sacroiliac dysfunction; multi-level lumbar spine herniated nucleus pulposus with radiculopathy. No current imaging studies were noted. Her treatments were noted to include: heat therapy; physical therapy; a home exercise program; activity modification; medication management; and rest from work. The progress notes of 8-25-2015 reported: low back pain, rated 7 out of 10, with right > left lower extremity symptoms for which her current medications facilitated maintenance of activities of daily living (ADL's), decreasing her overall pain level average 3-4 points; and for which without medications her ADL's and exercise program were in jeopardy. The objective findings were noted to include: a mildly antalgic gait; tenderness of the lumbar spine with 40 degree flexion and 20 degree extension, 20 degree bilateral lateral tilt; mild swelling with spasms in the lumbar para-spinal musculature; positive Patrick's test to the right hip; diminished right sacroiliac joint; and diminished sensation of the right lumbar 4 dermatomal distribution. The physician's requests for treatment were noted to include: continue with request for shock-wave therapy lumbar spine, 5 sessions, to address lumbar myofascial component-trigger point's refractory to trigger point injections, home exercise, activity modification, and non-steroidal anti-inflammatories; and the initiation of urine toxicology screen in compliance with guidelines. The Request for Authorization an additional 5 shock-wave therapy sessions, and urine toxicology screen was not noted in the medical records

provided. The Utilization Review of 9-1-2015 non-certified the request for an additional 5 shock-wave therapy sessions, and urine toxicology screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Continued Shock Wave Therapy for five sessions: 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:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), pages 112-113.

**Decision rationale:** Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Continued Shock Wave Therapy for five sessions is not medically necessary and appropriate.

#### **Urine Toxicology screen: 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): Drug testing.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to a patient who has been prescribed long-term opioid for this chronic 2012 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of current aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS.

Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Toxicology screen is not medically necessary and appropriate.