

Case Number:	CM15-0194415		
Date Assigned:	10/08/2015	Date of Injury:	06/30/2007
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

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 is a 35 year old male with a date of injury on 6-30-07. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 8-25-15 reports continued complaints of lower back pain with left and right lower extremity symptoms. He has concerns in regards to myofascial pain with trigger points. He also inquires about topical anti-epileptic drug states improvement in the past. Objective findings: lumbar spine tenderness, lumbar range of motion is decreased, multiple tender trigger points lumboparaspinal and spasm to the para-spinal musculature. MRI of lumbar spine 3-25-15 revealed L4-5 and L5-S1 levels 2-3 mm disc protrusions with bilateral exiting nerve root compromise. Neurodiagnostic studies dated 4-21-15 reveal suggestive denervation on the left sided L5-S1 innervated muscles consistent with a lumbosacral radiculopathy. Treatments include: medication, injections, lumbar support, TENS unit and chiropractic. Request for authorization dated 9-21-15 was made for shock-wave therapy for lumbar para-spinal musculature 5 sessions, chiropractic therapy 2 times per week for 4 weeks and Tramadol 50 mg one by mouth 4 times per day. Utilization review dated 9-28-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy for Lumbar Paraspinal Musculature x5 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) Shoulder (Acute & Chronic) Chapter, under Extracorporeal shockwave therapy.

Decision rationale: Based on the 08/25/15 progress report provided by treating physician, the patient presents with low back with right lower extremity symptoms rated 7/10. The request is for shockwave therapy for lumbar paraspinal musculature x5 sessions. Patient's diagnosis per Request for Authorization form dated 09/21/15 includes foraminal stenosis L4-5 and L5-S1 with radiculopathy, facet osteoarthropathy L5-S1, and refractory lumboparaspinal trigger points. Physical examination to the lumbar spine on 08/25/15 revealed spasm, tenderness and multiple trigger points in the paraspinal muscles. Positive straight leg raise test bilaterally. Treatment to date has included injections, lumbar support, TENS unit, chiropractic, acupuncture, and medications. Patient's medications include Tramadol and Hydrocodone. The patient is permanent and stationary, per 08/25/15 report. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for "Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. Maximum of 3 therapy sessions over 3 weeks." ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Shock wave therapy states, "Not recommended." Per 08/25/15 report, treater requests ESWT to "address refractory trigger points/myofascial component. Failed trigger pint injections, home exercise, activity modification, NSAIDs." However, there is no guideline support to use Shock Wave Therapy for low back conditions. ODG recommends ESWT of the shoulder "for calcifying tendinitis but not for other shoulder disorders." This patient does not present with calcifying tendinitis of the shoulder for which this therapy would be indicated. Furthermore, the request for 5 sessions of Shock Wave Therapy exceeds what is recommended by ODG. Given lack of guideline support, this request is not medically necessary.

Chiropractic Therapy 2x4: Upheld

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

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

Decision rationale: Based on the 08/25/15 progress report provided by treating physician, the patient presents with low back with right lower extremity symptoms rated 7/10. The request is for chiropractic therapy 2x4. Patient's diagnosis per Request for Authorization form dated 09/21/15 includes foraminal stenosis L4-5 and L5-S1 with radiculopathy, facet osteoarthropathy L5-S1, and refractory lumboparaspinal trigger points. Treatment to date has included injections, lumbar support, TENS unit, chiropractic, acupuncture, and medications. Patient's medications include Tramadol and Hydrocodone. The patient is permanent and stationary, per 08/25/15

report. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, Manual Therapy & Manipulation section 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. Treater has not provided reason for the request. Physical examination to the lumbar spine on 08/25/15 revealed spasm, tenderness and multiple trigger points in the paraspinal muscles. Positive straight leg raise test bilaterally. UR letter dated 09/28/15 states "Chiro x12 sessions approved on 4/14/15 - 7/17/15." MTUS guidelines "allow up to 18 sessions of treatment following initial trial of 3-6" sessions. In this case, treater has not provided a precise treatment history, nor documented how the prior chiropractic sessions impacted the patient's pain and function. Given the lack of documentation of functional improvement as required by MTUS, additional sessions of chiropractic therapy cannot be warranted. Therefore, the request is not medically necessary.

Tramadol 50mg one by mouth 4 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/25/15 progress report provided by treating physician, the patient presents with low back with right lower extremity symptoms rated 7/10. The request is for Tramadol 50mg one by mouth 4 times a day. Patient's diagnosis per Request for Authorization form dated 09/21/15 includes foraminal stenosis L4-5 and L5-S1 with radiculopathy, facet osteoarthropathy L5-S1, and refractory lumboparaspinal trigger points. Physical examination to the lumbar spine on 08/25/15 revealed spasm, tenderness and multiple trigger points in the paraspinal muscles. Positive straight leg raise test bilaterally. Treatment to date has included imaging and electrodiagnostic studies, injections, lumbar support, TENS unit, chiropractic, acupuncture, and medications. Patient's medications include Tramadol and Hydrocodone. The patient is permanent and stationary, per 08/25/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of

chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Tramadol has been included in patient's medications per progress reports dated 05/05/15, 07/09/15, and 08/25/15. It is not known when this medication was initiated. Per 08/25/15 report, treater states "denies side effects. Initiated urine toxicology screen." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, ADL's, etc. No UDS results indicating compliance, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, the patient is prescribed Norco along with Tramadol. MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, this request is not medically necessary.