

Case Number:	CM15-0202475		
Date Assigned:	11/12/2015	Date of Injury:	08/26/2014
Decision Date:	12/28/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35-year-old female, who sustained an industrial injury on August 26, 2014, incurring low back and neck and lower extremity injuries. She had a history of a prior right shoulder injury sustained at work in 2009. She was diagnosed with a cervical sprain, lumbar sprain and thoracic sprain. Treatment included medication, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and diagnostic imaging and activity restrictions. Currently, the injured worker complained of increased pain in the bilateral lower extremities and lower back. She rated her pain 3 out of 10 on a pain scale from 0 to 10. Because of the chronic pain, the injured worker was noted to have an altered gait with limping. The treatment plan that was requested for authorization included electrical stimulation, therapeutic exercise, massage therapy, CMT 5 regions and extra spinal manipulation with cervical lumbar, thoracic spine for 4 treatments and a follow up re-evaluation; and extracorporeal shockwave therapy once a week for four weeks for the cervical, lumbar and thoracic spine. The requested services for the injured worker were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical stimulation, therapeutic exercise, massage therapy, CMT 5 regions and Extraspinal manipulation with spinal cervical/lumbar/thoracic spine, quantity: 4 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on August 26, 2014. The medical records provided indicate the diagnosis of cervical sprain, lumbar sprain and thoracic sprain. Treatment included medication, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and diagnostic imaging and activity restrictions. Treatments have included medications, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and activity restrictions. The medical records provided for review do not indicate a medical necessity for Electrical stimulation, therapeutic exercise, massage therapy, CMT 5 regions and Extraspinal manipulation with spinal cervical/lumbar/thoracic spine, quantity: 4 treatments. The medical records indicate the injured worker has been having these procedures since at least 06/2015 without documented improvement. The MTUS recommends periodic reassessment of the injured worker and a change in modality of treatment if the injured worker is not meeting the expected goals. In addition, The MTUS recommends a therapeutic trial of 6 manipulation visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for the low back. Therapeutic exercise falls under physical medicine, and here, the MTUS recommends a fading treatment of 8-10 visits over 4-8 weeks. The MTUS recommends a maximum of 4-6 visits for massage therapy. The medical records indicate the injured worker has exceeded the number of visits without improvement. Therefore, the request is not medically necessary.

Follow up/re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Office visits.

Decision rationale: The injured worker sustained a work related injury on August 26, 2014. The medical records provided indicate the diagnosis of cervical sprain, lumbar sprain and thoracic sprain. Treatment included medication, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and diagnostic imaging and activity restrictions. Treatments have included medications, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and activity restrictions. The medical records provided for review do not indicate a medical necessity for Follow up/re-evaluation. This is not medically necessary because the injured worker has continued to receive the similar type of treatment without any documented improvement. The

MTUS recommends periodic reassessment and modification of treatment if the injured worker is not meeting expected goals. The Official Disability Guidelines states that the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Therefore, it is not medically necessary for the injured worker to return for a follow up visit after more than a year for an injury that typically heals within 8 weeks.

Extracorporeal shockwave therapy 1 time weekly for 4 weeks for cervical/lumbar/thoracic spine: 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 - Lumbar & Thoracic (Acute & Chronic) Shock wave therapy.

Decision rationale: The injured worker sustained a work related injury on August 26, 2014. The medical records provided indicate the diagnosis of cervical sprain, lumbar sprain and thoracic sprain. Treatment included medication, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and diagnostic imaging and activity restrictions. Treatments have included medications, lumbar bracing, physical therapy, chiropractic sessions, shockwave therapy, and activity restrictions. The medical records provided for review do not indicate a medical necessity for Extracorporeal shockwave therapy 1time weekly for 4weeks for cervical/lumbar/thoracic spine. The MTUS is silent on the shock wave treatment for the low back. The Official Disability Guidelines does not recommend shockwave treatment of back as it is not medically necessary.