

Case Number:	CM15-0206486		
Date Assigned:	10/23/2015	Date of Injury:	03/13/2003
Decision Date:	12/31/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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:

This is a 63 year old female who sustained a work-related injury on 3-13-03. Medical record documentation on 8-25-15 revealed the injured worker was being treated for cervical spine disc rupture, thoracic spine disc bulges, and lumbar spine disc rupture. She reported neck pain, upper back pain and lower back pain. The injured worker was status post lumbar spine epidural steroid injection on 4-27-15 and noted more than 50% improvement. She reported low back pain, which radiated to the right leg and requested to try aquatherapy to manage her pain and increase mobility in her spine. Objective findings included painful range of motion of the lumbar spine. She had intact sensation to light touch to the right anterior thigh, right lateral ankle and right lateral calf. On 9-29-15 the Utilization Review physician determined Cervical Traction Unit, Heating Pad, Internal Medicine Consultation-Initial, Weight Loss Consultation, Shockwave (ESWT) one time a week for six weeks for the lumbar spine and aquatherapy 2 times a week for six weeks (12 sessions) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave (ESWT) 1 time a week for 6 weeks for 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 Chapter (updated 9/22/15), Shockwave therapy and Anthem Medical Policy SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions (last review date 5/7/17, current effective date 7/7/15).

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)/ Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for extracorporeal shock wave therapy (ESWT) for the patient's chronic pain related to lumbar spine disc rupture. The MTUS guidelines do not specifically address this topic for back pain. The Official Disability Guidelines states that this therapy is not recommended due to poor supporting evidence for treating low back pain. In this case, ESWT is not guideline-supported secondary to poor clinical evidence of use for the patient's low back pain. As such, ESWT is not medically necessary.

Aquatherapy 2 times a week for 6 weeks (12) sessions: Upheld

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

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

Decision rationale: The request is for aquatic therapy with diagnosis including cervical, thoracic and lumbar spine disc disease. The MTUS states aquatic therapy is recommended as an optional form of exercise to land-based physical therapy where reduced weight bearing is desirable as in extreme obesity. In this case, aquatic therapy is not guideline-supported. There is no documentation of the patient not being able to tolerate land-based treatment. Also, the patient has previously undergone treatment without evidence of functional improvement seen in the records. As such, aquatic therapy is not medically necessary.

Cervical Traction Unit: 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); Neck and Upper Back Chapter (updated 6/25/15), Traction (mechanical).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The request is for cervical traction for the patient's chronic neck pain with diagnosis of cervical spine disc rupture. The MTUS guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Emphasis should focus on functional restoration and return to activities of

normal daily living. In this case, cervical traction is not guideline-supported due to poor evidence of effectiveness. Also, there is inadequate documentation of cervical radiculopathy seen. As such, cervical traction is not medically necessary.

Heating Pads: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The request is for the use of hot treatment to be applied topically to aid in pain relief with diagnosis including cervical, thoracic and lumbar disc disease. The ACOEM guidelines under Physical Methods states that during the acute to subacute phase of injury over the first 2 weeks, application of hot or cold can be effective in ameliorating symptoms. This would aid in facilitation of mobility and exercise. In this case, due to the longstanding duration after injury, continued use would not be beneficial. There is no documentation of an acute injury seen. As such, the request is not medically necessary.

Internal Medicine Consultation, Initial: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The request is for an Internal medicine consultation with diagnosis including cervical, thoracic and lumbar disc disease. The ACOEM guidelines state that the occupational health practitioner should first exclude conditions, which are life or limb threatening. In the process of seeing "red flags" further consultation, support, or specialized treatment may be necessary. In this case, there is no documentation explaining why an internal medicine consultation is needed or any changes in the patient's general health or physical exam. As such, an internal medicine consultation is not medically necessary.

Weight Loss Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The request is for a weight loss consultation for obesity with diagnosis including cervical, thoracic and lumbar disc disease. The ACOEM guidelines state that the occupational health practitioner should first exclude conditions, which are life or limb threatening. In the process of seeing "red flags" further consultation, support, or specialized treatment may be necessary. In this case, there is no documentation of self-directed weight loss measures attempted and what specific weight loss treatment program is requested. The patient is currently under the care of physicians capable of providing advice regarding this issue. As such, a weight loss consultation is not medically necessary.