

Case Number:	CM15-0213253		
Date Assigned:	11/03/2015	Date of Injury:	09/18/2012
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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 57 year old male who sustained an industrial injury on 9-18-12. The injured worker reported pain in the neck and low back. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar and cervical spine discopathy and disc herniation syndrome and chronic spinal pain. Medical records dated 6-22-15 indicate pain rated at 3 to 6 out of 10. Provider documentation dated 6-22-15 noted the work status as "currently not working." Treatment has included electromyography, nerve conduction velocity study, magnetic resonance imaging, and shockwave therapy. Objective findings dated 6-22-15 were notable for decreased spinal forward flexion, "some mild left-sided sciatic stretch signs" and "slight diminution of the left ankle jerk and some burning sensation on the dorsum of his foot." The original utilization review (10-2-15) denied a request for Physiotherapy visits, 2 times a week for 6 weeks, for the left shoulder, Additional acupuncture sessions, 2 times a week for 4 weeks, for the neck and 4 shockwave sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy visits, 2 times a week for 6 weeks, for the left shoulder: Upheld

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

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

Decision rationale: The patient presents on 07/15/15 with neck pain rated 3-4/10, lower back pain rated 5-6/10, and left shoulder pain rated 3-4/10. The patient's date of injury is 09/18/12. The request is for physiotherapy visits, 2 times a week for 6 weeks, for the left shoulder. The RFA was not provided. Physical examination dated 07/15/15 reveals diminished range of motion in the left shoulder and cervical spine, the remaining examination findings are illegible. The patient is currently prescribed Dendracin lotion and Synovacin Glucosamine Sulfate. Patient is currently advised to return to modified work ASAP. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 physiotherapy sessions for the cervical spine, the provider has exceeded guideline recommendations. Physical therapy and physiotherapy, while different in several respects, both fall under the category of physical medicine. There is evidence in the records provided that this patient has completed some physiotherapy to date, though the exact number of completed sessions is unclear. For chronic pain complaints, MTUS guidelines support 8-10 treatments of physical/physiotherapy. The request for 12 sessions (in addition to prior treatments) exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.

Additional acupuncture sessions, 2 times a week for 4 weeks, for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents on 07/15/15 with neck pain rated 3-4/10, lower back pain rated 5-6/10, and left shoulder pain rated 3-4/10. The patient's date of injury is 09/18/12. The request is for additional acupuncture sessions, 2 times a week for 4 weeks, for the neck. The RFA was not provided. Physical examination dated 07/15/15 reveals diminished range of motion in the left shoulder and cervical spine, the remaining examination findings are illegible. The patient is currently prescribed Dendracin lotion and Synovacin Glucosamine Sulfate. Patient is currently advised to return to modified work ASAP. MTUS Guidelines, Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 8 sessions of acupuncture for this patient's cervical spine pain, evidence of functional improvement has not been provided. The documentation provided indicates that this patient has received an unspecified number of acupuncture to date. MTUS guidelines support 3-6 sessions initially, with additional treatments being contingent upon demonstrable functional improvement. A careful review of the records provided indicates that this patient's subjective complaints and objective physical examination findings are largely unchanged in the period ranging from 12/30/14 and 07/15/15. Given the lack of demonstrable functional gains obtained from acupuncture treatments to date, the request for additional sessions cannot be substantiated. The request is not medically necessary.

4 shockwave sessions for the 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, 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) Shoulder (Acute & Chronic) Chapter, under Extracorporeal shockwave therapy. Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Shock wave therapy.

Decision rationale: The patient presents on 07/15/15 with neck pain rated 3-4/10, lower back pain rated 5-6/10, and left shoulder pain rated 3-4/10. The patient's date of injury is 09/18/12. The request is for 4 shockwave sessions for the lumbar spine. The RFA was not provided. Physical examination dated 07/15/15 reveals diminished range of motion in the left shoulder and cervical spine, the remaining examination findings are illegible. The patient is currently prescribed Dendracin lotion and Synovacin Glucosamine Sulfate. Patient is currently advised to return to modified work ASAP. 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. In regard to the request for a series of shockwave sessions for this patient's lumbar spine, such treatments are not supported for spinal complaints. There is no guideline support to use Shock Wave Therapy for low back conditions, and ODG only recommends ESWT of the shoulder for calcifying tendinitis. While this patient presents with significant lower back pain unresolved by conservative measures to date, given lack of guideline support for lumbar spine complaints the requested ESWT cannot be substantiated. Therefore, this request is not medically necessary.