

<b>Case Number:</b>	CM15-0215149		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on July 25, 2001. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar sprain and strain, status post surgery of the lumbar spine, right knee chondromalacia, and right knee internal derangement. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the right knee, physical therapy with an unknown quantity, medication regimen, epidural steroid injections of the lumbar spine, and status post right knee arthroscopy. In a progress note dated September 24, 2015 the treating physician reports complaints of pain to the low back that radiates to the bilateral lower extremities along with numbness and burning sensation. The treating physician also noted complaints of intermittent pain to the right knee. Examination performed on September 24, 2015 was revealing for a "mild" antalgic gait with a "mild" limp, decreased range of motion to the lumbar spine, tenderness to the lumbar paravertebral muscles, muscle spasms to the lumbar paravertebral muscles, tenderness to the anterior knee, muscle spasm to the anterior knee, and a positive McMurray's. The injured worker's pain level on September 24, 2015 was rated a 7 on scale of 1 to 10 to the low back and a pain level of a 4 to 5 on scale of 1 to 10 to the right knee. The medical records provided did not include any prior extracorporeal shockwave therapy, trigger point impedance imaging, and localized intense neurostimulation therapy. On September 24, 2015 the treating physician requested an unknown amount of extracorporeal shockwave therapy noting treatment for acute and chronic musculoskeletal conditions, and also requested an unknown amount of trigger point impedance imaging followed by an unknown amount of

localized intense neurostimulation therapy "for the purpose of accurate diagnosis and precise treatment" along with noting that "this allows accurate identification and localization of active and clinically relevant trigger points and the smallest hyperirritable nerve endings." On October 01, 2015 the Utilization Review determined the requests for unknown extracorporeal shockwave therapy, unknown trigger point impedance imaging, and unknown localized intense neurostimulation therapy to be non-certified.

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

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

#### **Unknown extracorporeal shockwave therapy: 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, Knee and Leg, Extracorporeal 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) back chapter pg 82; and the knee chapter pg 25.

**Decision rationale:** According to the ODG guidelines, shockwave therapy is understudy for tendonopathies and non-union. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Shockwave is still under study for the knee. In this case, length of use, location and justification was not provided. As a result, the request for shockwave is not medically necessary.

#### **Unknown trigger point impedance imaging: 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, Trigger point impedance imaging.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care, Physical Methods.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The amount and locations of the injections were not specified. Therefore the request for lumbar trigger point injection is not medically necessary.

**Unknown localized intense neurostimulation therapy:** 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, Hyperstimulation analgesia.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS guidelines, a neurostimulation is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use and location was not specified. The request for a local neurostimulation unit is not medically necessary.