

Case Number:	CM15-0217202		
Date Assigned:	11/06/2015	Date of Injury:	09/15/2013
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 24 year old male who reported an industrial injury on 9-15-2013. His diagnoses, and or impressions, were noted to include: head pain; lumbar spine musculoligamentous strain-sprain with radiculopathy, rule-out lumbar discogenic disease; lumbosacral radiculitis; displacement of the lumbar inter-vertebral disc without myelopathy; lumbar spine radiculopathy to the lower extremities, left > right, down to the left foot; bilateral shoulder strain-sprain with impingement syndrome and tendinosis. No imaging studies were noted. His treatments were noted to include: a functional qualified medical evaluation supplemental report on 8-28-2014 and 6-20-2015; 5 sessions of physical therapy of the lumbar spine and bilateral shoulders; approximately 12 sessions of acupuncture therapy for the lumbar spine and bilateral shoulders; medication management with toxicology studies (8-12-15 & 9-25-15); and rest from work. The progress notes of 9-25-2015 reported complaints which included: increased headache pain, unchanged lower back and decreased right shoulder with unchanged left shoulder pain, rated 7-9 out of 10; that acupuncture therapy helps decrease his pain and tenderness and improved his function and activities by 10%. The objective findings were noted to include: tenderness over the lumbar para-spinal muscles, unchanged, with restricted range-of-motion and positive bilateral straight leg raise; and tenderness, unchanged, to the bilateral shoulders, with restricted range-of-motion and positive impingement syndrome. The physician's treatments were noted to include: the continuation of acupuncture therapy for the lower back at 2 x a week x 6 weeks; referral for extracorporeal shock-wave therapy of the bilateral shoulders, 1 x a week x 4 weeks each; and cyclobenzaprine 7.5 mg every 12 hours as needed for pain and

spasm, #90, (along with a Flurbiprofen 20% compound cream). Cyclobenzaprine 7.5 mg every 12 hours (with the cream) was noted as far back as the 6-10-2015 progress notes. The Request for Authorization, dated 9-25-2015, was noted to include: the continuation of acupuncture therapy for the lumbar spine at 2 x a week x 6 weeks; extracorporeal shock-wave therapy of the bilateral shoulders at 1 x a week x 4 weeks each. The Utilization Review of 10-19-2015 non-certified the request for: acupuncture for the back, 2 x a week x 6 weeks; extracorporeal shock-wave therapy for the bilateral shoulders, 1 x a week x 4 weeks; and cyclobenzaprine 7.5 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks to back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the back is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are head pain; lumbar spine musculoligamentous sprain strain with radiculopathy; lumbar spine radiculopathy lower extremities left greater than right; and bilateral shoulder sprain strain, bilateral shoulder syndrome and tendinosis. Date of injury is September 15, 2013. Request for authorization is September 25, 2015. According to an April 29, 2015 new patient evaluation, the treating provider prescribed Flexeril, tramadol and topical analgesics. According to the most recent progress note dated September 25, 2015, subjective complaints include headache, low back pain 9/10 and bilateral shoulder pain 6/10. Objectively, there is tenderness of the lumbar paraspinal muscles with decreased range of motion and bilateral positive straight leg raising. There is tenderness at the shoulders with decreased range of motion and positive impingement. The documentation indicates the injured worker received prior acupuncture treatment. The total number of sessions to date is not specified. There is no documentation demonstrating objective functional improvement. The treating provider is requesting an additional 12 sessions of acupuncture. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of acupuncture sessions to date and no documentation demonstrating objective functional improvement, acupuncture two times per week times six weeks to the back is not medically necessary.

Extracorporeal shock wave therapy (ESWT) 1 time a week for 4 weeks to bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Extracorporeal shock wave therapy (ESWT).

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the back is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. Pursuant to the ACOEM, extracorporeal shock wave therapy one time per week times four weeks to the bilateral shoulders is not medically necessary. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured worker's working diagnoses are head pain; lumbar spine musculoligamentous sprain strain with radiculopathy; lumbar spine radiculopathy lower extremities left greater than right; and bilateral shoulder sprain strain, bilateral shoulder syndrome and tendinosis. Date of injury is September 15, 2013. Request for authorization is September 25, 2015. According to an April 29, 2015 new patient evaluation, the treating provider prescribed Flexeril, tramadol and topical analgesics. According to the most recent progress note dated September 25, 2015, subjective complaints include headache, low back pain 9/10 and bilateral shoulder pain 6/10. Objectively, there is tenderness of the lumbar paraspinal muscles with decreased range of motion and bilateral positive straight leg raising. There is tenderness at the shoulders with decreased range of motion and positive impingement. There is no clinical indication or rationale for extracorporeal shock wave therapy. There is no documentation of calcific tendinitis. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for extracorporeal shock wave therapy, extracorporeal shock wave therapy one time per week times four weeks to the bilateral shoulders is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are head pain; lumbar spine musculoligamentous sprain strain with radiculopathy; lumbar spine radiculopathy lower extremities left greater than right; and bilateral shoulder sprain strain, bilateral shoulder syndrome and tendinosis. Date of injury is September 15, 2013. Request for authorization is September 25, 2015. According to an April 29, 2015 new patient evaluation, the treating provider prescribed Flexeril, tramadol and topical analgesics. According to the most recent progress note dated September 25, 2015, subjective complaints include headache, low back pain 9/10 and bilateral shoulder pain 6/10. Objectively, there is tenderness of the lumbar paraspinal muscles with decreased range of motion and bilateral positive straight leg raising. There is tenderness at the shoulders with decreased range of motion and positive impingement. Flexeril is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider continued Flexeril in excess of five months (at a minimum). The start date is not specified. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and continued use in excess of the recommended guidelines for short-term (less than two weeks), Cyclobenzaprine 7.5mg #90 is not medically necessary.