

Case Number:	CM15-0036557		
Date Assigned:	03/05/2015	Date of Injury:	06/08/2012
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: North Carolina, Georgia
 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 56-year-old female, with a reported date of injury of 06/08/2012. The diagnoses include lumbar degenerative disc disease, and lumbar muscle spasm. Treatments have included physical therapy for the lumbar spine. The progress report dated 01/2/2015 indicates that the injured worker complained of frequent, moderate low back pain that radiated to both legs. The objective findings showed decreased and painful lumbar range of motion, and tenderness to palpation of the lumbar paravertebral muscles. The treating physician requested extracorporeal shockwave therapy (ESWT) once a week for six weeks to address the lumbar spine, echocardiography exam due to essential high blood pressure, pain management consultation, and follow-up with chiropractor within 45 days to address status and treatment plan. On 01/30/2015, Utilization Review (UR) denied the request for extracorporeal shockwave therapy (ESWT) once a week for six weeks, echocardiography exam, pain management consultation, and follow-up with chiropractor. The UR physician noted that there was limited evidence to support the effectiveness of extracorporeal shockwave therapy; there was no rationale as to why the injured worker needed an additional referral with a different specialist; there was limited information regarding prior chiropractic treatment; and there was no evidence of subjective and objective cardiovascular complaints and history. The MTUS Chronic Pain Guidelines, the non-MTUS Official Disability Guidelines, and the non-MTUS American College of Cardiology/American Heart Association (ACC/AHA) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT), 1 x 6 weeks lumbar: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Shoulder, Ankle, Extracorporeal shock wave therapy.

Decision rationale: CA MTUS is silent on the use of extracorporeal shock wave therapy. ODG states that its use may be helpful in reducing or preventing nonunion in long bone fractures but there is inconsistent evidence on its use in chronic low back pain. Extracorporeal shock wave therapy or the low back is not medically indicated.

Echocardiography exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Diseases: A Textbook of Cardiovascular Medicine, 7th ed., Page 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Earls JP, Woodard PK, Abbara S, Akers SR, Araoz PA, Cummings K, Cury RC, Dorbala S, Hoffmann U, Hsu JY, Jacobs JE, Min JK, Expert Panel on Cardiac Imaging. ACR Appropriateness Criteria asymptomatic patient at risk for coronary artery disease. [online publication]. Reston (VA): American College of Radiology (ACR); 2013.

Decision rationale: CA MTUS and ODG are silent on use of echocardiograms. The 2103 American College of Radiology (ACR) appropriateness criteria for asymptomatic patients at risk of coronary artery disease states that resting echocardiogram is not indicated in the asymptomatic patient with low, medium or high risk of coronary artery disease. In this case, there are no active symptoms described to indicate need for echocardiogram and a screening echocardiogram in the absence of symptoms is not medically indicated.

Pain management consultation: Overturned

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional

expertise. In this case, the submitted medical records do support a need for additional consultation with a pain management specialist for management of chronic pain.

Follow up - Chiropractor in 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. However, it is unclear in this case how many chiropractic sessions have been provided and unclear why a follow up would be required 4-6 weeks in the future.