MAXIMUS Federal Services

Case Number:	CM15-0055871		
Date Assigned:	04/01/2015	Date of Injury:	01/06/2014
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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 51-year-old male who reported an injury on 01/06/2014. The mechanism of injury was due to cumulative trauma. Past treatments include medications, topical compounds, and acupuncture. His diagnoses include lumbago, lumbar disc displacement, and forearm sprain. On 02/28/2015, the injured worker complained of lumbar pain rated 6/10, right shoulder pain rated 7/10, left shoulder pain rated 7/10, bilateral elbows rated 5/10, right wrist pain rated 4/10, and left wrist pain rated 6/10. The physical examination of the lumbar spine revealed an absence of bruising, swelling, atrophy, or lesion. The injured worker's toe heel walk was indicated to be intact. There was tenderness to palpation at the lumbar paravertebral muscles with muscle spasms at the paravertebral noted with a positive Kemp's test. The lumbar range of motion was noted with flexion at 50 degrees, extension at 20 degrees, and bilateral bending at 25 degrees. The treatment plan included a request for VSNCT, acupuncture, chiropractic care, ESWT, physiotherapy, and medications. A Request for Authorization form was submitted on 02/28/2015. A rationale was not provided for an RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

VSNCT diagnostic testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Voltage actuated sensory nerve conduction.

Decision rationale: The Official Disability Guidelines current perception threshold (CPT) testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The injured worker was noted to have chronic lumbar pain. However, the guidelines do not recommend the use of VSNCT testing as there are no clinical studies demonstrating quantitative tests of sensation with appropriate clinical outcomes for standard qualitative methods for sensory testing. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

DME: lumbar traction system (rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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, traction.

Decision rationale: The Official Disability Guidelines do no recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. The injured worker was noted to have chronic low back pain. There was lack of documentation to indicate the patient would be using the traction device in adjunct to a program of evidenced conservative care or for functional restoration. Based on the above, the request is not supported by the evidence based guidelines. As such, the request not appropriate or medically necessary at this time.

Urine analysis testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: According to the California MTUS Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The injured worker was noted to have been utilizing compound creams. However, there was lack of documentation indicating the patient was under the influence or had the presence of illegal drugs

upon physical examination. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Extracorporeal shockwave therapy (ESWT), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound, ESWT Page(s): 123.

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, Shock wave therapy.

Decision rationale: According to the Official Disability Guidelines, shock wave therapy is not recommended. Furthermore, the guidelines state, 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. The injured worker was noted to have chronic low back pain. However, the guidelines do not support the use of shockwave therapy in the lumbar spine due to lack of supporting evidence for use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.