

Case Number:	CM15-0085545		
Date Assigned:	05/07/2015	Date of Injury:	02/13/2015
Decision Date:	06/26/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male sustained an industrial injury on 2/13/15. He subsequently reported back pain. Diagnoses include lumbar back pain, degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral strain. Treatments to date include x-ray and MRI testing, modified work duty, injections and prescription pain medications. The injured worker continues to experience low back with radiation to the left lower extremity and bilateral shoulder pain. Upon examination, there is tenderness and spasm to palpation of the lumbar paravertebral muscles, sitting straight leg raise test is positive. There is muscle spasm to the right lateral shoulder, Neer's and Hawkin's tests are positive. A request for Tramadol medication, Unknown extra-corporeal shockwave therapy, unknown trigger point impedance imaging and unknown localized intense neurostimulation therapy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Unknown Extracorporeal Shockwave Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, Shock wave therapy.

Decision rationale: Regarding the request for ESWT, California MTUS does not address the issue. ODG does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT is not medically necessary.

Unknown Trigger Point Impedance Imaging: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation ODG, Low Back Chapter Trigger point impedance imaging.

Decision rationale: Regarding the request for trigger point impedance imaging, California MTUS and ODG do not address the issue. A search of National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the evaluation/management of the cited injuries. Trigger points are diagnosed clinically and should not require advanced imaging techniques for diagnosis. Within the documentation available for

review, no scientific literature was provided identifying that this request would provide improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested trigger point impedance imaging 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 114-117 and 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter, Hyperstimulation Analgesia.

Decision rationale: Regarding the request for localized intense neurostimulation, it is noted that the provider is requesting LINT. California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. ODG states that this treatment is not recommended. Within the documentation available for review, no scientific literature was provided identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested localized intense neurostimulation therapy is not medically necessary.