

Case Number:	CM14-0007580		
Date Assigned:	02/10/2014	Date of Injury:	08/07/2013
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old male with a work history dated 8/7/13. His diagnoses include neck pain with headache, upper back pain, dizziness and nausea, toxic exposure and lumbar musculoligamentous sprain/strain with decreased disc height and inferior spurring from L3 to L5, per radiographs dated October 3, 2011. There is a request for unknown chiropractic/physiotherapy and also a request for ESWT (extracorporeal shockwave therapy). An orthopedic evaluation dated 11/28/13 reveals that the patient returns for re evaluation due to increasing symptoms of his low back. His pain has been increased for approximately three to four weeks. He attributes the increased symptoms of his low back to continuing to work at his usual and customary duties as a truck driver. The lumbar spine inspection reveals a slight decreased in the normal lumbar lordosis. There is tenderness to palpation with muscle spasm is present over the paraspinal musculature, bilaterally. Straight leg raising tests elicits localized pain only. There is decreased lumbar range of motion. Muscle motor strength and sensation are intact in the BLE. The provider that's that the patient is not interested in therapy therefore he will be discharged from care. He was provided with a script for a muscle relaxant, a back brace, and a heating pad/cold therapy unit for spasms. Per documentation a 12/9/13 review of the submitted records indicates the patient was being treated for neck and mid back pain. Per documentation the patient complains of dizziness, nausea, and toxic exposure. He had decreased range of motion of the cervical spine with tenderness and spasms of the paravertebral and upper trapezius musculature bilaterally. Tenderness and hypomobility of C2-C7. Orthopedic exams demonstrated cervical compression and shoulder depression positive bilaterally. Upon examination of the thoracic spine there was tenderness and spasms of the paravertebral

musculature bilaterally. Tenderness and hypomobility at T1-T5, thoracic spine range of motion was painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR UNKNOWN CHIROPRACTIC/PHYSIOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58 & 59.

Decision rationale: The request for unknown chiropractic/physiotherapy is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The California MTUS guidelines recommend manual therapy and manipulation for low back pain and neck pain with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement with total of up to 18 visits over 6-8 weeks. Per documentation there is a record of a previous certified for an initial 4 sessions of chiropractic therapy. There is another document that states that the patient is not interested in therapy. Without clear objective documentation of benefit and functional improvement on prior sessions of chiropractic/physiotherapy additional visits cannot be certified. Furthermore, the request as written indicates no frequency or duration. The request for unknown chiropractic/physiotherapy is not medically necessary.

ESWT (EXTRACORPEAL SHOCKWAVE THERAPY) W: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine-ESWT and the Aetna Clinical Policy Bulletin

Decision rationale: The request for ESWT (extracorporeal shockwave therapy) is not medically necessary. The California MTUS guidelines do not discuss ESWT for the cervical or lumbar spine. The ODG states that ESWT is not recommended for the lumbar spine. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. The ODG does not discuss ESWT for the cervical spine. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT for low back pain or other musculoskeletal conditions (i.e. cervical spine). There is no clear rationale in the documentation why the patient needs ESWT. Furthermore it is not clear on the request the frequency, duration or body part that ESWT will be used on. Due to the fact that ESWT is not recommended for the cervical or lumbar spine and no clear indications of frequency, duration or body part for ESWT on request, ESWT is not medically necessary.

