Case Number:	CM14-0126107		
Date Assigned:	09/16/2014	**Date of Injury:**	04/16/2009
Decision Date:	11/13/2014	**UR Denial Date:**	07/18/2014
Priority:	Standard	**Application Received:**	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 61 year old male with complaints of low back pain and left leg pain, right shoulder pain. The date of injury is 4/16/09 and the mechanism of injury is lifting injury "while lifting a dugout gate". At the time of request for the following: 1. Chiropractor 2x4 to the lumbar spine 2. MRI of the right shoulder and lumbar spine 3. Shock wave to the lumbar spine 4. NCV/EMG to the bilateral lower extremities 5. E-acpuncture 1x/week for one month, there is subjective (low back pain, left leg pain, right shoulder pain) and objective (restricted range of motion lumbar spine, trigger points lumbar spine, straight leg raise positive on the left, tenderness palpable over the right acromioclavicular joint, right subacromion, myospasm and tenderness rotator cuff musculature, positive impingement test and supraspinatus test, restricted range of motion with pain right shoulder) findings, imaging findings (plain xray lumbar spine shows degenerative disc disease L5-S1, MRI lumbar spine done on 5/16/09 shows L4-5,L5-S1 spondyloarthropathy), diagnoses (lumbar degenerative disc disease, lumbar myospasm, lumbar radiculopathy, rotator cuff syndrome) and treatment to date (chiropractic care, acupuncture, physical therapy, TENS, neurostim therapy, medications). A recent comprehensive meta-analysis of all clinical trials of manipulation has concluded that there was good evidence for its use in acute, sub-acute, and chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. Recommendations are for a trial of 6 sessions over 2 weeks documenting progress and improvement in pain and function. MRI may be considered in cases of acute pain (lumbar spine,shoulder) in the setting of worsening neurological deficits and/or pain escalation without resolution, cases of subacute and chronic radicular pain syndromes as well as deterioration of functional levels that are not improving and surgery is being considered, or in certain select cases to rule out certain pathology unrelated to the injury. BTL Shockwave therapy is new non-invasive solution for chronic pain in shoulder,

back, heel, knee or elbow. Extracorporeal shockwave therapy is most frequently used in physiotherapy, orthopaedics and sports medicine. Applications are mostly associated with the treatment of chronic muscular and tendon disorders, back and cervical pain. Most common indications include: painful shoulder, epicondylitis, low back pain, Achilles tendon pain, patellar tendonitis, trigger points. During Shockwave therapy, a high-intensity sound wave interacts with the tissues of the body. This leads to a cascade of beneficial effects including neovascularisation ingrowth, reversal of chronic inflammation, stimulation of collagen and dissolution of calcium build-up. electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is obvious that a radiculopathy is present. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. (Furlan-Cochrane, 2005) (Manheimer, 2005) (van Tulder, 2005) (Thomas, 2005) (Ratcliffe, 2006) (Thomas, 2006) (Haake, 2007) (Santaguida, 2009) These authors have reported that acupuncture provides a greater effect than sham treatment, while others have reported non-significant differences between the two modalities. (Brinkhaus, 2006) In this latter case, both modalities were shown to be more effective than no treatment. (Haake, 2007) Acupuncture has not been found to be better than other treatment (either conventional or alternative) in terms of pain or function. Acupuncture has been shown to add to the treatment effect of conventional therapy (improving pain and function) when compared to conventional therapy alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58.

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, Manipulation

Decision rationale: Per ODG guidelines, A recent comprehensive meta-analysis of all clinical trials of manipulation has concluded that there was good evidence for its use in acute, sub-acute, and chronic low back pain, while the evidence for use in radiculopathy was not as strong, but still positive. Recommendations are for a trial of 6 sessions over 2 weeks documenting progress and improvement in pain and function. Therefore, the request for chiropractic manipulation for 8 sessions is not medically necessary.

MRI of the right shoulder and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

Decision rationale: Per ACOEM guidelines, MRI may be considered in cases of acute pain (lumbar spine, shoulder) in the setting of worsening neurological deficits and/or pain escalation without resolution, cases of subacute and chronic radicular pain syndromes as well as deterioration of functional levels that are not improving and surgery is being considered, or in certain select cases to rule out certain pathology unrelated to the injury. Unfortunately, there is no clinical evidence in the medical records provided to support any of these indications. Therefore, the request for MRI of the lumbar spine and right shoulder is not medically necessary.

Shock wave to the lumbar spine: 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 Chapter

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, Low back - Lumbar&Thoracic (Acute&Chronic)

Decision rationale: BTL Shockwave therapy is new non-invasive solution for chronic pain in shoulder, back, heel, knee or elbow. Extracorporeal shockwave therapy is most frequently used in physiotherapy, orthopedics and sports medicine. Applications are mostly associated with the treatment of chronic muscular and tendon disorders, back and cervical pain. Most common indications include: painful shoulder, epicondylitis, low back pain, Achilles tendon pain, patellar tendonitis, trigger points. During Shockwave therapy, a high-intensity sound wave interacts with the tissues of the body. This leads to a cascade of beneficial effects including neovascularization ingrowth, reversal of chronic inflammation, and stimulation of collagen and dissolution of calcium build-up. Per ODG decision treatments, unfortunately, shock wave therapy for the lumbar spine area is not recommended. The available evidence does not support the use of ultrasound or shock wave therapy on the lumbar spine. Therefore, the request for shock wave to the lumbar spine is not medically necessary.

NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Electrodiagnostic testing

Decision rationale: Per ODG treatment guidelines, Electrodiagnostic testing is helpful in localizing the source of neurological symptoms and establishing the diagnosis of nerve entrapment such as radiculopathy. However, it is not necessary and redundant if clinically it is

obvious that a radiculopathy is present. Furthermore, NCS are not recommended while EMG (needle not surface) may be beneficial in determining cervical and lumbar radiculopathy. Finally, there is no documentation in the medical records provided that supports or explains the necessity for Electrodiagnostic testing. Therefore, EMG as well NCS of the bilateral lower extremities as requested is not medically necessary.

E-acupuncture 1x week for 1 month: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture 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-Lumbar & Thoracic (Acute&Chronic), Acupuncture

Decision rationale: Per ODG treatment decisions, Recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. (See the Pain Chapter.) Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. (Furlan-Cochrane, 2005) (Manheimer, 2005) (van Tulder, 2005) (Thomas, 2005) (Ratcliffe, 2006) (Thomas, 2006) (Haake, 2007) (Santaguida, 2009) These authors have reported that acupuncture provides a greater effect than sham treatment, while others have reported non-significant differences between the two modalities. (Brinkhaus, 2006) In this latter case, both modalities were shown to be more effective than no treatment. (Haake, 2007) Acupuncture has not been found to be better than other treatment (either conventional or alternative) in terms of pain or function. Acupuncture has been shown to add to the treatment effect of conventional therapy (improving pain and function) when compared to conventional therapy alone. Therefore, the request for E-acupuncture 1x per week for one month is medically necessary.