

Case Number:	CM14-0142384		
Date Assigned:	09/10/2014	Date of Injury:	09/14/2013
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 34-year-old male with a date of injury of 09/14/2013. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Lumbar disk displacement, HNP. 3. Lumbar spine degenerative disk disease. 4. Sacrococcygeal disorders. According to progress report 06/20/2014, the patient presents with sharp stabbing radicular low back pain with muscle spasms. He is also complaining of sharp stabbing pain in his tailbone. Examination of the lumbar spine revealed tenderness to palpation at the lumbar paraspinal muscles with decreased range of motion on all planes. There is positive bilateral straight leg raise and sitting root test. The patient's medication regimen includes Deprizine, Dicopanol, Fanatrex, Tabradol, Capsaicin, Tramadol, and Cyclobenzaprine. The treater is requesting acupuncture, shockwave therapy 6 treatments, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient presents with sharp stabbing radicular low back pain with muscle spasms. The treater is requesting acupuncture therapy for the lumbar spine, 3 times a week for 6 weeks. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year with optimal duration of 1 to 2 months. Review of the medical records indicates the patient has not tried a course of acupuncture in the past. Given the patient's continued pain and decreased range of motion, a short course of 6 sessions may be warranted. However, the treater is requesting an initial 18 sessions, which exceeds what is recommended by MTUS. Recommendation is for denial.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , ODG guidelines have the following regarding Urine Drug Screen: Criteria for Use of Urine Drug Testing

Decision rationale: This patient presents with sharp stabbing radicular low back pain with muscle spasms. The treater is requesting a urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient was administered a urine drug screen on 02/11/2014 and 04/08/2014 which were consistent with the medications prescribed. The treater does not discuss why the patient needs such frequent urine drug screens. ODG recommends once yearly screening should suffice for low risk patients. Recommendation is for denial.

Unknown sessions of shockwave 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-Low Back-Lumbar & thoracic (Acute & chronic)

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

Decision rationale: This patient presents with sharp stabbing radicular low back pain with muscle spasms. The treater is requesting additional shockwave therapy x6 sessions for the lumbar spine. The MTUS and ACOEM guidelines do not specifically discuss Extracorporeal Shock Wave Therapy for treatment of the lumbar spine. However, ODG guidelines under low back Shock wave therapy states "Not recommended. 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. (Seco, 2011). Shockwave therapy is not recommended for treating low back pain. The requested 6 shock wave therapy sessions are not medically necessary and recommendation is for denial.