

Case Number:	CM14-0143323		
Date Assigned:	09/10/2014	Date of Injury:	09/17/2009
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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 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 40-year-old male with a date of injury of 09/17/2009. The listed diagnosis per [REDACTED] is lumbar spine disk disease with radicular pain. According to progress report 06/17/2014, the patient continues with low back pain. There is right mid-anterior thigh and right mid-anterior calf, right lateral ankle is intact. Progress report 07/10/2014 by [REDACTED] states the patient is permanent and stationary and has a pain which varies from 3-6/10. Treatment plan indicates "refill of medications." Progress report 07/22/2014 indicates the patient complains of low back pain. The treater is requesting acupuncture 2 times a week, shock therapy 1 time a week, L2 sacrum discogram, and elastic lumbar brace. Utilization review denied the request on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 8: 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 low back pain. The treater is requesting acupuncture 2 x 8 for the lumbar spine. 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. There is no indication that the patient has participated in acupuncture treatment in the past. Given the patient's continued low back pain, a course of 3 to 6 treatments may be indicated, but the treater is requesting initial 16 visits which exceed what is recommended by MTUS. Recommendation is for denial.

Shockwave 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary Updated 7/3/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Extracorporeal Shock Wave Therapy (.

Decision rationale: This patient presents with low back pain. The treater is requesting shockwave therapy for the low back 1 time a week for 6 weeks. 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.

L2 Sacrum Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary Updated 7/3/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Lumbar discography: Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal

Decision rationale: This patient presents with low back pain. The treater is requesting an L2 sacrum discogram. MTUS guidelines do not discuss discograms. However, ACOEM (pg 304) states recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. "Discography does not identify the

symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than year later." ODG also states discograms are not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. ACOEM does state, "Discography may be used where fusion is a realistic consideration." However, according to ACOEM Medical guidelines page 307, fusion surgery is indicated for spinal instability after decompression at the level of degenerative spondylolisthesis, spinal fracture, dislocation or spondylolisthesis with segmental instability. In this case, [REDACTED] does not provide a rationale for this request. Furthermore, it does not appear there are surgical considerations at this time. Recommendation is for not medically necessary.

Elastic Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary Updated 7/3/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines for lumbar supports has the following: Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Res

Decision rationale: This patient presents with low back pain. The treater is requesting a lumbar brace. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar support states, "not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. Recommendation is for not medically necessary.