

<b>Case Number:</b>	CM14-0159969		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Orthopedic Surgery 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 injured worker is a 45 year old who reported an industrial injury of March 2012. Examination of January 20, 2014 demonstrates that the claimant reports low back pain. Pain is noted with back extension, flexion, stretching, standing and lifting. There is report of back stiffness as well as numbness, radicular pain and weakness in the right and left leg. Tenderness is noted from L3-S1 facet capsules bilaterally. Straight leg raise testing is noted to be positive bilaterally at 45 with pain radiating to the right buttocks, posterior thigh, medial leg and lateral leg. An exam note from February 27, 2014 demonstrates ongoing complaints of pain in neck, mid back, left shoulder. An exam demonstrates lumbosacral spine as positive Patrick's maneuver bilaterally. Pain is noted with rotation and extension. Straight leg raise testing is noted to be positive bilaterally at 45 with pain radiating to the right buttocks, posterior thigh, medially and laterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fibrosis release procedures with manipulation under anesthesia (FRP-MUA) of the cervical, thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 183, 209, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low back, Manipulation under anesthesia

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of manipulation under anesthesia for the spine. According to the ODG Neck and Low back, Manipulation under anesthesia is not recommended. It states, "Existing studies are not high quality and the outcomes were not great, plus the procedure is expensive and has risks. There is a need for high quality studies before recommending this." Therefore the request is not medically necessary.

**Pre-op medical clearance/H&P:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Three (3) day hospital stay (1x3):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Extracorporeal shockwave therapy (cervical, thoracic, and lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of shockwave therapy. According to the ODG, Shoulder section, extracorporeal shock wave therapy (ESWT), it is recommended for calcific tendonitis but not for spine disorders. The exam note from 2/27/4 does not demonstrate evidence of calcific tendonitis with failure of conservative treatment. Therefore the request is not medically necessary.

**Post-op rehab/chiropractic sessions x 2 months (cervical, thoracic, and lumbar): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Follow-up evaluation with a chiropractor (cervical, thoracic, and lumbar): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.