

Case Number:	CM14-0163241		
Date Assigned:	10/08/2014	Date of Injury:	06/20/2014
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 Management 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:

According to the records made available for review, this is a 66-year-old male with a 6/20/14 date of injury. At the time (8/28/14) of request for authorization for Chiropractic treatment with mechanical traction, myofascial release and CMT, extra-spinal with electrotherapy stimulation 1 times 4 weeks, Extracorporeal shockwave therapy 1 time a week for 6 weeks, and Referral to hernia specialist, there is documentation of subjective (back pain radiating to right leg) and objective (tenderness over lumbar paravertebral muscle with decreased lumbar range of motion) findings, imaging findings (MRI of abdomen (7/26/14) revealed simple renal cortical cyst, otherwise unremarkable), current diagnoses (lumbar myospasm, umbilical hernia, and lumbar disc protrusion), and treatment to date (medications, injections, physical therapy, acupuncture treatment, and at least 8 sessions of chiropractic treatment). Medical report identifies a request for shockwave therapy to address the lumbar spine. Regarding Chiropractic treatment with mechanical traction, myofascial release and CMT, extra-spinal with electrotherapy stimulation 1 times 4 weeks, there is no documentation of objective improvement with previous treatment; and functional deficit, functional goals. Regarding Referral to hernia specialist, there is no documentation that diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with mechanical traction, myofascial release and CMT, extra-spinal with electrotherapy stimulation 1 times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of lumbar myospasm and lumbar disc protrusion. However, despite documentation of at least 8 sessions of chiropractic treatments completed to date, there is no documentation of objective improvement with previous treatment. In addition, there is no documentation of functional deficit, functional goals. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment with mechanical traction, myofascial release and CMT, extra-spinal with electrotherapy stimulation 1 times 4 weeks is not medically necessary.

Extracorporeal shockwave therapy 1 time a week for 6 weeks: 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) Low Back, Shock wave therapy

Decision rationale: MTUS does not address this issue. ODG identifies that the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP and that in the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Therefore, based on guidelines and a review of the evidence, the request for Extracorporeal shockwave therapy 1 time a week for 6 weeks is not medically necessary.

Referral to hernia specialist: 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) Pain Chapter,

Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of lumbar myospasm, umbilical hernia, and lumbar disc protrusion. However, given no documentation of subjective and objective findings related to hernia and given documentation of imaging finding (MRI abdomen identifying simple renal cortical cyst, otherwise unremarkable), there is no documentation that diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Referral to hernia specialist is not medically necessary.