

<b>Case Number:</b>	CM14-0217620		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 60-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 25, 2009. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve a request for a followup visit with a chiropractor. The claims administrator contended that the applicant was off of work after having completed earlier unspecified amounts of chiropractic manipulative therapy. ACOEM Chapter 7 was invoked and, furthermore, mislabeled as originating from the MTUS. Progress notes of November 10, 2014 and November 19, 2014 were also referenced. The applicant's attorney subsequently appealed. In a handwritten note dated October 16, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was placed off of work, on total temporary disability. A topical compounded cream and urine drug test were apparently ordered. In an RFA form dated August 28, 2014, a followup visit, interferential unit, motorized cold therapy device, functional capacity evaluation, urine drug testing, topical compounds, tramadol, MRI imaging of the lumbar spine, CT imaging of both knees, an x-ray of the lumbar spine, and 12 sessions of chiropractic manipulative therapy were endorsed. In an associated progress note dated August 26, 2014, the applicant was again placed off of work, on total temporary disability. The applicant went on to receive a functional capacity evaluation on October 1, 2014, the results of which were not clearly reported. On November 20, 2014, the applicant apparently received various treatments, including traction, myofascial release, infrared therapy, and acupuncture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up in 4 weeks with DC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** The request for a followup visit in four weeks with a DC (AKA chiropractor) is not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, despite completion of earlier unspecified amounts of chiropractic manipulative therapy at various points over the course of the claim, including 12 recent treatments in 2014 alone. Therefore, the request for a followup visit in four weeks with a DC (AKA chiropractor) was not medically necessary.

**Ortho Shockwave for 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound, Physical Medicine Page(s): 123; 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shockwave Therapy topic.

**Decision rationale:** Similarly, the request for ortho shockwave therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. Ortho shockwave therapy or extracorporeal shockwave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. ODG's Low back Chapter Shockwave Therapy further notes that shockwave therapy is "not recommended" in applicants with low back pain. Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of a claim. Here, the concurrent request for infrared therapy, manual therapy, manipulative therapy, and extracorporeal shockwave therapy, thus, run counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

