

Case Number:	CM14-0218488		
Date Assigned:	01/08/2015	Date of Injury:	06/24/2013
Decision Date:	03/09/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male who suffered an industrial related injury on 6/24/13 after a box fell onto his chest. A physician's report dated 12/5/14 noted the injured worker had complaints of mid and low back pain that radiated to the right leg. Numbness and tingling in the right leg was also noted. The injured worker was taking cyclobenzaprine, mentherm, omeprazole, and naproxen. The injured worker was not participating in physical therapy. Physical examination findings included tenderness at L4-S1 paravertebral muscles. Full range of motion and no radiculopathy was noted. Diagnoses included thoracic spine strain resolved, lumbar spine strain without radiculopathy, stress, and anxiety. The physician recommended physical therapy 2 times for week for 4 weeks. On 12/21/14 the utilization review (UR) physician denied the requests for physical therapy 2x4 and shockwave. Regarding physical therapy, the UR physician noted the total number of physical therapy sessions previously completed was not documented in the clinical records and there was no documentation of objective functional improvement. Regarding shockwave, the UR physician noted Official Disability Guidelines do not support the effectiveness of shockwave for treating lumbar back pain. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar & Thoracic-Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in his lower back. The request is for 8 SESSIONS OF PHYSICAL THERAPY. Per the utilization review letter on 12/20/14, the patient has had physical therapy in the past, and the number of sessions is not provided. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for Myalgia and Myositis, unspecified. In this case, the treater has asked for therapy but does not indicate why therapy is needed at this point. None of the reports discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. There is no documentation of flare-up or functional decline. No new clinical diagnosis is provided either. The treater does not explain why the patient is unable to transition in to a home program. Furthermore, the current 8 sessions combined with some already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.

Shockwave: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar & Thoracic- Shockwave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Extracorporeal shock wave therapy (ESWT) Knee & leg chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The patient presents with pain in his lower back. The request is for SHOCKWAVE. MTUS guidelines do not discuss ESWT. ODG guidelines do not recommend ESWT for L-spine, neck or knees. ODG guidelines Lumbar chapter, do not recommend Shock wave therapy, stating 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). ODG do not recommend ESWT, stating there is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated (Gross-Cochrane, 2002) (Philadelphia, 2001). ODG-TWC guidelines states that ESWT for the knee, is under study for patellar tendinopathy and for long-bone hypertrophic nonunions.<http://www.odg-twc.com/odgtwc/knee.htm#ESWT>. Given the lack of the guidelines support for this treatment to the Lumbar spine, the request IS NOT medically necessary.

