

Case Number:	CM15-0117044		
Date Assigned:	06/25/2015	Date of Injury:	01/13/2015
Decision Date:	10/05/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male, who sustained an industrial injury on 1/13/15. The injured worker has complaints of headaches; mid back pain; low back pain; left elbow, forearm and hand; left knee and left foot. There were associated complaints of chronic fatigue, irritability, insomnia and nervousness. The documentation noted that there is tenderness to palpation of the bilateral trapezii and thoracic paravertebral muscles and there is muscle spasm of the bilateral trapezii and thoracic paravertebral muscles. The documentation noted on palpation there is pain in the lumbar area radiating to the left lower extremity with numbness down to the knee and range of motion are decreased and painful. The documentation noted there is tenderness to palpation of the left gluteus, lumbar paravertebral muscles, spinous processes and thoracolumbar junction and there is muscle spasm of the left gluteal, lumbar paravertebral muscles and thoracolumbar junction. The documentation noted that sitting straight leg raise is positive bilaterally. The diagnoses have included headache; cervical pain; thoracic pain and lumbar pain. The medications listed are Voltaren ER and LidoPro. The request was for acupuncture, cervicgia, 6 visits; shockwave therapy, thoracic spine, 6 visits; shockwave therapy, lumbago, 6 visits; shockwave therapy, for muscle spasms, 3 visits; DNA testing quantity one; interferential frequency unit, QTY one, indefinite use and home exercise unit, quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cervicalgia, 6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acupuncture.

Decision rationale: The CA MTUS and the ODG guidelines recommend that acupuncture can be utilized for the treatment of chronic musculoskeletal pain. The utilization of acupuncture can result in pain relief, reduction in medication utilization and functional restoration. The records indicate that the patient had not responded to chiropractic and PT techniques. The criteria for the use of Acupuncture treatments 6 visits were met. Therefore the request is medically necessary.

Shockwave Therapy, Thoracic Spine, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

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 Neck and Upper Back.

Decision rationale: The CA MTUS did not address the use of Shockwave therapy for the treatment of chronic musculoskeletal pain. The ODG guidelines noted that there is no scientific evidence to support the effectiveness of shockwave and ultrasound based methods for the treatment of chronic musculoskeletal pain. The records indicate the presence of significant psychosomatic symptoms associated with the chronic pain syndrome. The guidelines recommend that anticonvulsant and antidepressant medications be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The criteria for the use of Shockwave Therapy thoracic spine 6 visits were not met. Therefore the request is not medically necessary.

Shockwave Therapy, Lumbago, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

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 Low Back.

Decision rationale: The CA MTUS did not address the use of Shockwave therapy for the treatment of chronic musculoskeletal pain. The ODG guidelines noted that there is no scientific evidence to support the effectiveness of shockwave and ultrasound based methods for the

treatment of chronic musculoskeletal pain. The records indicate the presence of significant psychosomatic symptoms associated with the chronic pain syndrome. The guidelines recommend that anticonvulsant and antidepressant medications be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The criteria for the use of Shockwave Therapy low back 6 visits were not met. The request is not medically necessary.

DNA testing, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Genetic testing for potential opioid abuse.

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.

Decision rationale: The CA MTUS did not address the use of DNA testing in the management of chronic pain syndrome. The ODG guidelines indicate that DNA genetic testing can be utilized for the evaluation of deviation from expected response to medication treatment. The records did not specify the indication for the utilization of DNA testing. The records did not indicate a reduction in efficacy or adverse effect secondary to the use of any of the current medication. The criteria for the use of DNA testing Qty1 were not met. The request is not medically necessary.

IF (interferential frequency) Unit, Qty 1, indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Cutaneous Stimulation Techniques.

Decision rationale: The CA MTUS did not support the use of Interferential therapy for the treatment of chronic musculoskeletal pain. The ODG guidelines noted that there is no scientific evidence to support the effectiveness of Interferential Unit treatment for chronic musculoskeletal pain syndrome. The records indicate the presence of significant psychosomatic symptoms associated with the chronic pain syndrome. The guidelines recommend that anticonvulsant and antidepressant medications be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The records did not show that the patient have failed treatment with these medications. The criteria for the use of Interferential frequency unit (IF) Qty 1 indefinite use was not met. The request is not medically necessary.

Home Exercise Unit, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines: Exercise equipment (online).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient proceed to a home exercise program after completion of supervised physical therapy program. The records indicate that the patient have previous completed supervised physical and chiropractic therapy programs. The guidelines recommend that patient be trained home exercise technique during supervised PT sessions. There is lack of guidelines support for the purchase of home exercise units. The criteria for Home Exercise Unit Qty 1 were not met. The request is not medically necessary.

Shockwave Therapy, for muscle spasms, 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

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 Cutaneous stimulation techniques.

Decision rationale: The CA MTUS did not address the use of Shockwave therapy for the treatment of chronic musculoskeletal pain. The ODG guidelines noted that there is no scientific evidence to support the effectiveness of shockwave and ultrasound based methods for the treatment of chronic musculoskeletal pain. The records indicate the presence of significant psychosomatic symptoms associated with the chronic pain syndrome. The guidelines recommend that anticonvulsant and antidepressant medications be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The criteria for the use of Shockwave Therapy for muscle spasm 3 visits were not met. The request is not medically necessary.