

Case Number:	CM15-0123969		
Date Assigned:	07/08/2015	Date of Injury:	09/28/2005
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial injury on September 28, 2005. She has reported low back pain that radiated into the right lower extremity and has been diagnosed with lumbar disc protrusion, lumbar myospasms, lumbar sprain strain, status post-surgery, right knee, left knee chondromalacia, and left knee internal derangement. Treatment has included medications, injections, physical therapy, TENS unit, medical imaging, and surgery. Lumbar spine pain was rated a 6-8/10, right knee was rated a 4/10, and the left knee was rated a 3/10. There was decreased range of motion of the lumbar spine. There was tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm as well. The right knee had a healed midline incision. There was tenderness to palpation of the right anterior knee with muscle spasm. There was tenderness to palpation of the left anterior knee. The treatment requests included extracorporeal shockwave therapy visits, trigger point impedance imaging, and localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar and Thoracic: Shockwave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar/thoracic (Extracorporeal Shockwave Therapy).

Decision rationale: CA MTUS does not address Extracorporeal Shockwave Therapy (ESWT) for knee and low back complaints. The ODG does not recommend ESWT for the low back. Current evidence does not support the effectiveness of ultrasound or ESWT for treating low back pain. Therefore the request is not medically necessary.

Trigger Point Impedance Imaging: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar and thoracic (trigger point impedance imaging).

Decision rationale: CA MTUS does not address trigger point impedance imaging. The ODG guidelines do not recommend this procedure for low back pain. Thus the request cannot be support by MTUS or ODG Guidelines and is not medically necessary.

Localized Intense Neurostimulation Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar and Thoracic: Hyperstimulation analgesia (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & thoracic (hyperstimulation analgesia).

Decision rationale: CA MTUS does not address the use of localized intense neurostimulatory therapy, also known as hyperstimulation analgesia. ODG Guidelines do not recommend this procedure for patients with low back pain. Only 2 low quality studies supported by the manufacturer of the device have been performed. At this time the request is not medically necessary or appropriate.