MAXIMUS Federal Services

Case Number:	CM15-0167443		
Date Assigned:	09/11/2015	Date of Injury:	09/13/2013
Decision Date:	11/02/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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
Certification(s)/Specialty: Emergency 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 injured worker is a 64-year-old male with an industrial injury dated 09-13-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain; rule out discogenic pain with history of spinal stenosis, thoracic spine sprain and strain; rule out discogenic pain, lumbar spine sprain and strain; rule out discogenic pain, bilateral shoulder pain, bilateral wrist sprain and strain, left hand pain, bilateral knee pain, hypertension, history of ocular myasthenia gravis and history of prostatitis. Treatment consisted of MRI of the left shoulder dated 05-15-2015, MRI of right shoulder dated 05-14-2015, MRI of lumbar spine dated 05-13-2015, MRI of thoracic spine dated 05-12-2015, MRI of cervical spine dated 05-11-2015, prescribed medications and periodic follow up visits. Medical records (06-04-2015) indicate the complaints include pain in the neck, bilateral shoulder and arm, bilateral wrist, left hand, upper and lower back, bilateral knee, anxiety, insomnia and nervousness. According to the progress note dated 07-17-2015, the injured worker reported cervical spine pain, bilateral shoulder pain, left wrist pain, left hand pain and bilateral knee pain. The injured worker reported that the pain was improved with medications, therapy and creams and worsened with repetitive and forceful activity. Objective findings revealed tenderness of cervical paraspinals and suboccipital, thoracic paraspinal tenderness, and lumbar paraspinal tenderness. Bilateral upper trapezius tenderness and bilateral rotator cuff tenderness were also noted on exam. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for acupuncture, 8 visits - 2 times a week for 4 weeks to the bilateral shoulders, bilateral knees, neck, thoracic, lumbar, bilateral wrists and bilateral hands, MRI of the left knee, localized intensive neurostimulation treatment (LINT) and Nuclear Medicine (NM) diagnostic procedure, once a week for 6 weeks to the lumbar spine and thoracic spine, urine drug

screen, and extracorporeal shockwave therapy to the bilateral shoulders, bilateral knees, neck, thoracic spine and bilateral wrists. Utilization Review determination on 08-17-2015 partially approved 4 acupuncture visits (original request 8 visits - 2 times a week for 4 weeks to the bilateral shoulders, bilateral knees, neck, thoracic, lumbar, bilateral wrists and bilateral hands) and non-certified the request for MRI of the left knee, localized intensive neurostimulation treatment (LINT) and Nuclear Medicine (NM) diagnostic procedure, once a week for 6 weeks to the lumbar spine and thoracic spine, urine drug screen, and extracorporeal shockwave therapy to the bilateral shoulders, bilateral knees, neck, thoracic spine and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 8 visits - 2 times a week for 4 weeks to the bilateral shoulders, bilateral knees, neck, thoracic, lumbar, bilateral wrists and bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)/Acupuncture.

Decision rationale: The request is for acupuncture of multiple areas including the wrists and hands. The Official Disability Guidelines state the following regarding this topic: Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. (Gerritsen, 2002) (O'Conner-Cochrane, 2003) (Goodyear-Smith, 2004) For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. In this case, the request is not indicated. This is secondary to inadequate clinical evidence regarding effectiveness for the treatment locations requested. As such, the request is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)/MRI's (magnetic resonance imaging).

Decision rationale: The request is for an MRI of the knee. The Official Disability Guidelines state the following regarding this topic: Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if

internal derangement is suspected. Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) In this case, the study is not indicated. This is secondary to poor documentation of qualifying factors as listed above. As such, the request is not medically necessary.

Localized intensive neurostimulation treatment (LINT) and Nuclear Medicine (NM) diagnostic procedure, once a week for 6 weeks to 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 (ODG).

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 Lumbar & Thoracic (Acute & Chronic)/Hyperstimulation analgesia.

Decision rationale: The request is for Localized Intense Therapy to aid in pain relief. The MTUS guidelines are silent regarding this issue. The Official Disability Guidelines state the following: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([redacted]). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet non-painful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural pain killers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over, or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyperstimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points was found to be effective in 95% patients with chronic nonspecific low back pain, in a clinical validation study. (Gorenberg, 2013) The results of this current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in almost all patients after four treatment sessions. (Gorenberg, 2011) As stated above, this treatment is not indicated. This is secondary to poor high quality clinical evidence of effectiveness. As such, the request is not medically necessary.

Extracorporeal shockwave therapy to the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation https://www.anthem.com/ca/medicalpolicies/mp pw a050255.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic)/Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for extracorporeal shock wave therapy to aid in pain relief. The official disability guidelines state the following regarding this topic: Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. In this case, the patient does not meet the criteria listed above. The diagnosis which would benefit from this therapy is calcifying tendinitis despite 6 months of standard treatment. As such, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Urine drug testing (UDT).

Decision rationale: The request is for a urine drug screen. The ODG states the following regarding this topic: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as

depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, a urine drug screen is not supported by the guidelines. This is secondary to inadequate documentation of risk level commensurate to the frequency of evaluation requested. As such, it is not medically necessary.

Extracorporeal shockwave therapy to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.anthem.com/ca/medicalpolicies/mppw a050255.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg/Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for Extracorporeal shock wave therapy (ESWT) to aid in pain relief. The Official Disability Guidelines state the following regarding this topic: Under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic non-unions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. (Cacchio, 2009) New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010) In this case, the use of this treatment modality is not indicated. This is secondary to poor clinical evidence regarding effectiveness for the patient's condition. As such, the request is not medically necessary.

Extracorporeal shockwave therapy to the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.anthem.com/ca/medicalpolicies/mppw a050255.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/ Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for Extracorporeal shock wave therapy (ESWT) of the neck to aid in pain relief. The Official Disability Guidelines state the following regarding this topic: Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) See the Low Back Chapter. Two small studies have been published for upper back or neck pain. In this study trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of radial shock wave without physical therapy need to be examined in further studies. (Damian, 2011) In this study ESWT in patients with myofascial pain syndrome in trapezius muscle were as effective as trigger point injections (TPI) and TENS for pain relief and improving cervical range of motion, but neither TENS nor TPI are recommended treatments. (Jeon, 2012) In this case, the use of this treatment is not indicated. This is secondary to poor clinical evidence of efficacy per the guidelines. As such, the request is not medically necessary.

Extracorporeal shockwave therapy to the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.anthem.com/ca/medicalpolicies/mppw a050255.html.

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 Lumbar & Thoracic (Acute & Chronic)/ Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for Extracorporeal shock wave therapy (ESWT). The MTUS guidelines has limited information regarding this topic for back pain. The Official Disability Guidelines state the following: Not recommended. 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) In this case, the use of this treatment modality is not indicated. This is secondary to poor clinical evidence regarding effectiveness of use. As such, the request is not medically necessary.

Extracorporeal shockwave therapy to the bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.anthem.com/ca/medicalpolicies/mppw a050255.html.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: The request is for extracorporeal shockwave therapy of the wrists to aid in pain relief. The ACOEM guidelines state the following regarding physical methods for treatment: Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as

those performed by a therapist. In this case, the use of this treatment is not indicated. This is secondary to poor supporting high-grade clinical evidence of efficacy. As such, the request is not medically necessary.

Localized intensive neurostimulation treatment and nuclear medicine (NM) diagnostic procedure, once a week for 6 weeks to the thoracic 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic)/Hyperstimulation analgesia.

Decision rationale: The request is for Localized Intense Therapy to aid in pain relief. The MTUS guidelines are silent regarding this issue. The Official Disability Guidelines state the following: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([redacted]). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet non-painful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural painkillers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over, or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyperstimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points was found to be effective in 95% patients with chronic non-specific low back pain, in a clinical validation study. (Gorenberg, 2013) The results of this current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in almost all patients after four treatment sessions. (Gorenberg, 2011) As stated above, this treatment is not indicated. This is secondary to poor high quality clinical evidence of effectiveness. As such, the request is not medically necessary.