

<b>Case Number:</b>	CM15-0169412		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Physical Medicine & Rehabilitation, 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 61-year-old male who sustained an industrial injury on 8-1-13. Diagnoses are headaches, cervicgia, cervical disc displacement, radiculopathy-cervical region, pain in thoracic spine, rule out thoracic disc displacement, low back pain, lumbar disc displacement, radiculopathy-lumbar region, bilateral hip pain, bilateral knee medial meniscus tear, sprain of unspecified ligament of ankle-bilateral, rule out joint derangements of bilateral ankle, sexual dysfunction-unspecified, mood disorders, anxiety, stress, and sleep disorder. Previous treatment includes physical therapy, home exercises, hot packs, cold packs, medication, cervical spine epidural block, and surgery. In a progress report dated 8-14-15, the treating physician notes subjective complaints of headaches, neck pain, mid back and low back pain, bilateral hip and knee pain, and bilateral ankle pain. The injured worker reports stress, anxiety, insomnia, and depression. Pain of the neck, hips and knees is rated at 8 out of 10 and pain of the mid back is rated at 7-8 out of 10, and the low back is rated at 6 out of 10. There is tenderness to palpation and decreased range of motion noted on exam of the cervical spine, thoracic spine, hips, knees, and ankles. Medications are Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, Compound HMPC2, and Compound HNPC1. He is referred to a psychologist. Work status is to remain off work from 8-14-15 through 9-11-15. The requested treatment of 3 shockwave therapy treatments for the knees and ankles, 6 shockwave therapy treatments for the cervical, thoracic, and lumbar spine, 3 sets of injections of (PRP) platelet rich plasma for the cervical, thoracic and lumbar spine, and one referral to a neurologist was non-certified on 8-18-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 shockwave therapy treatments for the knees and ankles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot Chapter, Extracorporeal Shockwave Therapy Knee and Leg Chapter, Extracorporeal Shockwave Therapy.

**Decision rationale:** With regard to the request for extracorporeal shockwave therapy for the ankle, the CA MTUS and ACOEM do not address this. The ODG Ankle & Foot Chapter state the following: "Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): (1) Patients whose heel pain from plantar fasciitis 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. Low energy ESWT without local anesthesia recommended." Within the documentation submitted for review, there is no indication of whether a low energy or high-energy protocol will be utilized. Furthermore, a diagnosis of plantar fasciitis is not established. Rather this patient is described to have generalized ankle and foot pain per an AME dated 7/2/14. Another progress note from DOS 4/21/15 documents the patient has pain in the medial and lateral malleoli. Furthermore, the IMR process cannot modify requests. And since a non-recommendation is given for one body region, the other body region is not medically necessary.

### **6 shockwave therapy treatments for cervical, thoracic and lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Low Back Chapter, Shock wave therapy.

**Decision rationale:** Regarding the request for ESWT for the lumbar spine, California MTUS does not address the issue. The Official Disability Guidelines specifically do not recommend shockwave therapy for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. The direct excerpt from the Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy is as follows: "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)" Given this direct non-recommendation by guidelines, the currently requested ESWT for lumbar spine is not medically necessary. Furthermore, the IMR process cannot modify requests. And since a non-recommendation is given for one body region, the other body regions are not medically necessary (in other spine regions).

### **3 sets injection PRP for cervical, thoracic and 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 Chapter, PRP and Other Medical Treatment Guidelines Medicare Coverage Guidelines for PRP <https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Autologous-Platelet-rich-Plasma-PRP.html>.

**Decision rationale:** Regarding the request for PRP in the lumbar spine, the ODG Low Back Chapter states that PRP is "Not recommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial. In this RCT, adding PRP in posterior lumbar fusion did not lead to a substantial improvement when compared with autologous bone only. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. (Sys, 2012) A study of platelet-rich plasma on anterior fusion in spinal injuries concluded that this is not a clear advancement in spinal fusion in terms of a clinical benefit. (Hartmann, 2010)" However, in this case, the goal is not to inject the PRP in the context of spine surgery, but rather as a stand alone therapy. In this case, the Medicare coverage guidelines are additionally referenced, which clearly state PRP is not covered in this body region. This request is not medically necessary. Furthermore, the IMR process cannot modify requests. And since a non-recommendation is given for one body region, the other body regions are not medically necessary (in other spine regions).

### **One (1) referral to a neurologist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting

provider to refer to specialists. Within the documentation available for review, the rationale for neurology consultation is not directly specified. This request is documented in a progress note dated 7/21/2015. The patient is noted to have continued headaches. However, the treatment plan only states that a neurology consultation is requested without more explicit details. There should be further clarification on the part of the requesting provider. Given this, this request is not medically necessary.