

Case Number:	CM15-0172903		
Date Assigned:	09/15/2015	Date of Injury:	09/20/2014
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/02/2015

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, California
 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 24 year old male who sustained an industrial injury on 09-20-2014. Diagnoses include protrusion 3mm at L4-5 with neural encroachment on MRI of lumbar spine on 2/13/15 and radiculopathy, trigger points-lumbar paraspinals. A physician progress note dated 07-13-2015 documents the injured worker complains of low back pain with lower extremity symptoms and he rates his pain as 8 out of 10. He has myofascial component including trigger points. This results in significant decline in range of motion and walking and standing. He recalls refractory nature of trigger points-myofascial component to trigger point injections, physical therapy, home exercise, activity modification, NSAIDs, and ice. He has tenderness to the lumbar spine, and multiple tender trigger points to the lumbo-paraspinal musculature. Lumbar spine range of motion is restricted and there is positive straight leg raise bilaterally at 35 degrees. He has spasm of the lumbo-paraspinal musculature. Medication at current dosing facilitates maintenance of ADL's which includes light household duties, shopping, grooming and cooking. A QME panel report indicates provisions for physical therapy, injections, surgery, medications and reasonable and medical necessary conservative treatment. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, lumbosacral orthotic and use of a Transcutaneous Electrical Nerve Stimulation unit. Per the notes, a lumbar Magnetic Resonance Imaging study revealed protrusion at L4-5 with neural encroachment. He is not working. Medications include Tramadol ER, Pantoprazole, Cyclobenzaprine, and Naproxen. A RFA dated 08-03-2015 requested Tramadol ER 150mg, #60, Naproxen Sodium 350mg #90, Pantoprazole 20mg #90, Cyclobenzaprine 7.5mg #90, Shockwave therapy and physical therapy.

On 08-05-2015 the Utilization Review non-certified the requested treatment physical therapy, Lumbar spine, 3 times weekly for 4 weeks, 12 sessions, and Extracorporeal shockwave therapy, Lumbar spine, 5 sessions. The patient had received an unspecified number of PT visits for this injury Surgical or procedure note related to this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy, Lumbar spine, 5 sessions: 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 - Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Knee & Leg (updated 07/10/15) Extracorporeal shock wave therapy (ESWT) Official Disability Guidelines, current online version Shoulder (updated 09/08/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Extracorporeal shockwave therapy, Lumbar spine, 5 sessions. Per the cited guidelines, extracorporeal shockwave treatment is "Under study for patellar tendinopathy and for long-bone hypertrophic non-unions. 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. Per the cited guidelines extracorporeal shockwave treatment is under study" compared to the current standard of care emphasizing multimodal physical therapy. The patient had received an unspecified number of PT visits for this injury The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The medical necessity of the request for Extracorporeal shockwave therapy, Lumbar spine, 5 sessions is not fully established for this patient.

Physical therapy, Lumbar spine, 3 times wkly for 4 wks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy, Lumbar spine, 3 times wkly for 4 wks, 12 sessions. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted

contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for physical therapy, Lumbar spine, 3 times wkly for 4 wks, 12 sessions is not fully established for this patient.