

Case Number:	CM15-0176226		
Date Assigned:	09/17/2015	Date of Injury:	09/02/2011
Decision Date:	10/28/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 2, 2011. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for lumbar MRI imaging and six sessions of extracorporeal shockwave therapy for the lumbar spine. The claims administrator referenced a July 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 23, 2015 office visit, the applicant reported multifocal complaints of neck, mid back, low back, left shoulder, left elbow and left wrist pain, 6 to 8/10. The applicant was placed off of work, on total temporary disability. Extracorporeal shock wave therapy and lumbar MRI imaging were sought. It was not stated how the purposed lumbar MRI would influence or alter the treatment plan. Provider documents "his pain in the neck is rated as 6 out of 10 per the VAS scale, which has remained the same since his last visit; 8 out of 10 in the mid-upper back and lower back, which has remained the same since his last visit; 9 out of 10 in the left shoulder, which has remained the same since his last visit; 7 out of 10 in the left elbow, which has remained the same since his last visit; and 7 out of 10 in the left wrist, which has increased from 6-7 out of 10 on the last visit." Objective findings are documented by the provider for Cervical Spine: There is grade 2 to 3 tenderness to palpation over the paraspinal muscles, which has remained the same since his last visit. There is restricted range of motion. Thoracic Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which has remained the same since his last visit. Lumbar Spine: There is grade 3 tenderness to palpation over the paraspinal muscles, which remained the same since his last visit.

There is restricted range of motion. Trigger points are present. Left Shoulder: There is a grade 3 tenderness to palpation, which has remained the same since his last visit. Left Elbow and Left Wrist: There is grade 2 to 3 tenderness to palpation, which has remained the same since his last visit. The provider comments that authorization for the left shoulder surgery was denied. The provider's treatment plan indicates the physical therapy is on hold at this time; get an MRI of the lumbar spine and request extracorporeal shockwave therapy of the lumbar spine. A PR-2 dated 6-18-15 indicated the injured worker reported that the treatment helps; physical therapy helps to decrease his pain and tenderness; reports his function and activities of daily living have improved by 10% with physical therapy and noted the left shoulder surgery was denied. The provider's treatment plan was to continue the physical therapy for the cervical, thoracic, lumbar spine and left upper extremity 2 times a week for 4 weeks and noted the injured worker had completed 9 sessions of physical therapy at that time. The PR-2 notes dated 5-15-15 documented the same to similar objective findings and examination with a completion of 15 sessions of physical therapy at that time for the cervical, thoracic, lumbar spine and left upper extremity. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-12-15 and non-certification was MRI of the lumbar spine and 6 extracorporeal shockwave therapy of the lumbar spine (1x6). Utilization Review denied the requested treatments for not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of MRI of the lumbar spine and 6 extracorporeal shockwave therapy of the lumbar spine (1x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question on the July 23, 2015 office visit at issue. Said July 23, 2015 office visit made no mention of how said lumbar MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

6 Extracorporeal shockwave therapy of the lumbar spine (1x6): 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 & Thoracic (acute & chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Shock wave therapy.

Decision rationale: Similarly, the request for six sessions of extracorporeal shockwave therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shockwave therapy represents a subset of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a therapeutic ultrasound, of which the extracorporeal shockwave therapy at issue is a subset, is deemed "not recommended" in the chronic pain context present here. In a similar vein, ODG's Low Back Chapter shockwave therapy topic also notes that shockwave therapy is "not recommended" in the low back context present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable MTUS and ODG positions on the same. Therefore, the request was not medically necessary.