

<b>Case Number:</b>	CM15-0178608		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: 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:

This 77 year old man sustained an industrial injury on 9-9-2002. Diagnoses include rule cervical spine radiculopathy; cervical spine herniated nucleus pulposus; cervical canal stenosis; right wrist sprain-strain rule out derangement; mid back pain; thoracic spine sprain-strain rule out disc displacement; lumbago; lumbar spine retrolisthesis, facet arthropathy, degenerative disc disease, spinal canal stenosis, disc displacement; rule out lumbar radiculopathy, and left knee sprain-strain rule out medial meniscal tear. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 7-20-2015 show complaints of residual cervical spine pain after surgical intervention rated 6-7 out of 10 with radiation to the bilateral upper extremities with numbness and tingling, residual right shoulder pain after surgical intervention rated 9 out of 10, right wrist pain rated 7 out of 10, mid back pain rated 6-7 out of 10, low back pain rated 8 out of 10 with numbness and tingling in the bilateral lower extremities, and bilateral knee pain with the right side residual after surgical intervention rated 6-7 out of 10. The worker states that even though the symptoms persist, the medications help to alleviate the pain and improve his ability to sleep. The physical examination shows 2+ tenderness to palpation at the suboccipital, scalene, and sternocleidomastoid muscles of the cervical spine. Range of motion is noted to be flexion 30 out of 50 degrees, extension 25 out of 60 degrees, left rotation 25 out of 80 degrees, right rotation 35 out of 80 degrees, and bilateral lateral flexion 25 out of 45 degrees. Cervical distraction and maximum foraminal compression tests were positive bilaterally. The right shoulder has 2+ tenderness to palpation at the acromioclavicular joint and subacromial space as well as at the infraspinatus, supraspinatus, and subscapularis. Range of motion is noted

to be flexion 25 out of 180 degrees, extension 35 out of 50 degrees, abduction 35 out of 180 degrees, adduction 25 out of 50 degrees, external rotation 45 out of 90 degrees, and internal rotation 55 out of 90 degrees. The supraspinatus and empty can tests are positive. The right hand and wrist has 2+ tenderness to palpation at the triangular fibrocartilage complex and 1+ tenderness at the first dorsal extensor muscle compartment. Range of motion testing is noted to be flexion 25 out of 60 degrees, extension 20 out of 60 degrees, radial deviation 15 out of 20 degrees, and ulnar deviation 15 out of 30 degrees. The triangular fibrocartilage complex load test and Finkelstein's test are positive and Tinel's is negative. Decreased grip strength is noted on the right. Sensation to pinwheel is diminished over dermatomes C6, C7, and C8 in the bilateral upper extremities, strength is decreased in myotomes C5, C6, C7, C8, and T1 secondary to pain, reflexes are 1+ and symmetric in the bilateral upper extremities, vascular pulses are 2+ and symmetric in the bilateral upper extremities. The thoracic spine shows 2+ tenderness to palpation over spinous processes T3, T4, and T5 with bilateral paraspinal muscle guarding noted, Range of motion is noted to be flexion 25 out of 50 degrees, extension 20 out of 30 degrees, left rotation 15 out of 70 degrees, and right rotation 25 out of 70 degrees. Kemp's test is positive. The lumbar spine is noted to have 2+ tenderness at spinous processes L3 to L5 with paraspinal muscle guarding. There is an abnormal gait and he is able to heel-toe walk with pain in the lower back and bilateral knees. Range of motion is noted to be flexion 25 out of 60 degrees, extension 15 out of 25 degrees, and bilateral lateral flexion 15 out of 25 degrees. Straight leg raise is positive bilaterally at 45 degrees and sitting root is positive. The bilateral knees show 2+ tenderness at the medial joint line and also at the lateral joint line on the right knee. Range of motion is noted to be -10 to 90 degrees on the right and -10 to 95 degrees on the left. Muscle strength is noted at 4 out of 5 bilaterally for flexion and extension. McMurray's sign and Lachman's sign are positive bilaterally and Patellar grind is noted on the right. Sensation is decreased to pinwheel at the L5 and S1 dermatomes bilaterally, motor strength is decreased in the bilateral lower extremities in dermatomes L2, L3, L4, L5, and S1, and deep tendon reflexes are 1+ and symmetric. Recommendations include cervical and lumbar spine CT scans, electromyogram and nerve conduction studies of the bilateral upper and lower extremities, pain management specialist consultation, continue physical therapy, continue acupuncture, chiropractic care, continue shock wave therapy, platelet rich plasma injections, localized intense neurostimulation therapy, TENS unit with supplies for home use, right knee brace, and follow up in four weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urinalysis:** 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): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no

documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urinalysis is not medically necessary.

**CT Scan 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): Diagnostic Criteria.

**Decision rationale:** Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). CT Scan of the Lumbar Spine is not medically necessary.

**18 sessions of Chiropractic Treatment: 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): Manual therapy & manipulation.

**Decision rationale:** The request is for 18 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 18 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. 18 sessions of Chiropractic Treatment is not medically necessary.

**3 Shockwave Therapy sessions on Right Shoulder, Right Wrist, and Right Knee: 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) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Extracorporeal shock wave therapy is not recommended by the guidelines. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this

therapy. 3 Shockwave Therapy sessions on Right Shoulder, Right Wrist, and Right Knee is not medically necessary.

**6 sessions of Shockwave therapy on the 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.

**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), Shock wave therapy.

**Decision rationale:** Extracorporeal shock wave therapy is not recommended by the guidelines. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. 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. 6 sessions of Shockwave therapy on the cervical, thoracic and lumbar spine is not medically necessary.

**5 sets of Platelet Rich Plasma Injections for the Right Shoulder, Right Wrist, and Right Knee:** 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) Pain (Chronic), Platelet-rich plasma (PRP).

**Decision rationale:** According to the Official Disability Guidelines, platelet-rich plasma injections are not recommended for chronic pain except in a research setting. PRP therapies are more complicated than previously acknowledged, and an understanding of the fundamental processes and pivotal molecules involved will need to be elucidated. PRP therapies in clinical trials await assessment. Platelet-rich plasma (PRP) therapy is a recently developed technique that uses a concentrated portion of autologous blood to try to improve and accelerate the healing of various tissues. There is considerable interest in using PRP for the treatment of musculoskeletal disorders, particularly athletic injuries. Because PRP products are safe and easy to prepare and administer, there has been increased attention toward using PRP in numerous clinical settings. Platelet-rich plasma has been used to treat conditions such as lateral epicondylitis, ligament and muscle strains, and tears of the rotator cuff, anterior cruciate ligament, Achilles tendon, plastic surgery and other conditions. Platelet-rich plasma can be applied at the site of injury either during surgery or through an injection performed in the physician's office. However, there is little published clinical evidence that proves its efficacy in treating the multitude of injuries/disorders that are thought to benefit from PRP. 5 sets of Platelet Rich Plasma Injections for the Right Shoulder, Right Wrist, and Right Knee are not medically necessary.