

Case Number:	CM15-0020314		
Date Assigned:	02/09/2015	Date of Injury:	04/29/2014
Decision Date:	06/11/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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, Illinois

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 injured worker (IW) is a 40 year old female who sustained an industrial injury on 04/29/2014. She reported low back pain with radicular symptoms. The injured worker was diagnosed as having low back pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, rule out lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment to date has included daily use of a back brace, daily exercises, oral and topical medications, chiropractic care and physical therapy. Currently, the injured worker complains of burning low back pain associated with radicular symptoms in the lower extremities. She complains of stress, anxiety, insomnia and depression. The treatment plan includes the following: Acupuncture, a Pain Management Specialist, and Shockwave Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 04/29/2014. The medical records provided indicate the diagnosis of low back pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, rule out lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment to date has included daily use of a back brace, daily exercises, oral and topical medications, chiropractic care and physical therapy. The medical records provided for review do not indicate a medical necessity for Acupuncture. The Utilization review report states the request is for acupuncture 3 times a week for 6 weeks, and shock wave up 6 times. When indicated, the MTUS recommends 1-3 acupuncture visits per week for a maximum of 3-6 visits over 1-2 months. Treatments could be extended if functional improvement is documented. The requested treatment exceeds the maximum recommended.

Pain Management Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004), Chapter 5, Cornerstones of Disability Prevention & Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 04/29/2014. The medical records provided indicate the diagnosis of low back pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, rule out lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment to date has included daily use of a back brace, daily exercises, oral and topical medications, chiropractic care and physical therapy. The medical records provided for review do not indicate a medical necessity for Pain Management Specialist. According to the Utilization review report, this referrals for Epidural steroid injection. The MTUS criteria for Epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. The records reviewed do not indicate the injured has physical examination findings of radiculopathy; though the lumbar MRI showed disc herniation, there was no evidence of nerve encroachment; although nerve studies have been requested.

Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar & Thoracic (Acute & Chronic), Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-308.

Decision rationale: The injured worker sustained a work related injury on 04/29/2014. The medical records provided indicate the diagnosis of low back pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, rule out lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment to date has included daily use of a back brace, daily exercises, oral and topical medications, chiropractic care and physical therapy. The medical records provided for review do not indicate a medical necessity for Shockwave Therapy. Neither the MTUS nor the Official Disability Guidelines recommends Shockwave therapy for the back.