

Case Number:	CM15-0063887		
Date Assigned:	04/09/2015	Date of Injury:	05/15/2014
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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, 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 28-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 15, 2014. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, an orthopedic consultation, and six sessions of extracorporeal shock wave therapy. A RFA form received on March 6, 2015 was referenced in the determination, as was a December 17, 2014 progress note. The applicant's attorney subsequently appealed. In a RFA form dated December 17, 2014, an orthopedic consultation, lumbar MRI imaging, and six sessions of extracorporeal shock wave therapy were endorsed. The RFA form was highly templated and quite difficult to follow. In an associated work status report dated December 17, 2014, the applicant's primary treating provider (PTP), a chiropractor, issued a 20-pound lifting limitation. It was suggested that the applicant was not working with said limitation in place. Localized intense neurostimulation therapy (LINT), extracorporeal shockwave therapy (ESWT), and trigger point impedance imaging were also proposed. In an associated December 17, 2014 progress note, the applicant reported multifocal complaints of neck pain, low back pain, mid back pain, headaches, shoulder pain, wrist pain, and index finger pain with associated psychological distress. Lumbar MRI imaging was endorsed, along with the extracorporeal shock wave therapy and orthopedic consultation at issue. The requesting provider was a chiropractor (DC), it was noted.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the lumbar MRI 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 surgical intervention based on the outcome of the study in question. The multifocal nature of the applicant's complaints, which include the low back, mid back, neck, shoulder, wrist, psyche, etc., significantly reduced the likelihood of the applicant acting on the results of the request and/or considering surgical intervention based on the outcome of the same, it was further noted, as did the fact that the requesting provider was a chiropractor (DC) as opposed to a spine surgeon. Therefore, the request was not medically necessary.

Orthopedic Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Similarly, the request for an orthopedic consultation was likewise not medically necessary, medically appropriate, or indicated here. The request in question seemingly represented a request for an orthopedic spine surgery consultation. However, the MTUS Guideline in ACOEM Chapter 12, page 306 notes that applicants with complaints of low back pain alone, without associated findings of associated serious conditions or nerve root compromise, "rarely benefit" from either surgical consultation or surgery. Here, however, there was no mention of the applicant having issues with nerve root compromise involving the lumbar spine and/or lower extremities. There was no mention of the applicant being a candidate for any kind of surgical intervention involving the lumbar spine. Therefore, the request was not medically necessary.

Shockwave Therapy 1 x 6 weeks for the Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine Page(s): 123; 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Shock wave therapy.

Decision rationale: Finally, the request for six sessions of extracorporeal shock wave therapy was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" in the chronic pain context present here. ODG's Low Back Chapter Shock Wave Therapy also notes that extracorporeal shock wave therapy is not recommended for the low back, the primary pain generator here. Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the claim. Here, however, the attending provider sought concurrent authorization for two separate passive modalities, namely extracorporeal shock wave therapy (ESWT) and localized intense neurostimulation therapy (LINT). Usage of multiple different passive modalities was not indicated at this late stage in the course of the claim, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.