

<b>Case Number:</b>	CM15-0074507		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old male, who sustained an industrial injury on 1/24/2014. He reported cumulative injuries to the neck and back and a specific injury where he had blunt force trauma to the nose and brow. The injured worker was diagnosed as having headache, eye pain, cervical radiculopathy, cervical herniated nucleus pulposus, cervical degenerative disc disease, cervical stenosis, low back pain, bilateral lower extremities radiculitis, lumbar herniated nucleus pulposus, lumbar degenerative disc disease and mood disorder. Cervical magnetic resonance imaging showed multilevel disc herniation, disc desiccation and degenerative changes. Lumbar magnetic resonance imaging showed disc desiccation and disc herniation. Treatment to date has included therapy and medication management. In a progress note dated 2/11/2015, the injured worker complains of neck pain, low back pain, muscle spasms, headaches, nose and eye pain and visual changes. The treating physician is requesting 12 sessions of acupuncture, 6 sessions of shockwave therapy, sleep study and chiropractic care follow up. A progress report dated February 27, 2015 states that the patient has undergone to chiropractic visits the date and 24 acupuncture sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It appears the patient has already received the maximum 24 sessions recommended by guidelines. Additionally, there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.

**Shockwave 1 time a week for 6 weeks:** 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 Chapter, Shock wave therapy and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

**Decision rationale:** Regarding the request for ESWT for cervical and lumbar spine, California MTUS does not address the issue. ODG does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT for cervical and lumbar spine is not medically necessary.

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (updated 02/10/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

**Decision rationale:** Regarding the request for one sleep consult/study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is no mention of insomnia complaints. Additionally, there is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested one sleep consult/study is not medically necessary.

**Chiropractic follow-up 1 time per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for additional chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, the current request is open-ended. Open-ended requests for chiropractic treatment are not supported by guidelines. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.