MAXIMUS Federal Services

Case Number:	CM15-0078386		
Date Assigned:	04/29/2015	Date of Injury:	08/30/2013
Decision Date:	07/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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

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 34 year old male, who sustained an industrial injury on 08/30/2013. He tripped and fell sustaining injures to his back, neck and right leg. Treatment to date has included a functional capacity evaluation, epidural injection, medications, MRI, physical therapy, TENS unit and lumbar sacral orthosis. According to a progress report dated 12/03/2014, the injured worker complained of low back pain with right lower extremity symptoms. The provider noted that recent physical therapy for the lumbar spine failed. According to a progress report dated 02/10/2015, the injured worker complained of constant severe sharp neck pain and weakness. Pain level was rated 9 on a scale of 1-10. He also reported constant severe sharp low back pain, stiffness, radiating pain down the right leg, heaviness and weakness. Pain level was rated 8. Examination of the cervical spine demonstrated tenderness to palpation of the paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Cervical compression caused pain. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Nachlas was positive bilaterally. Straight leg raise was positive on the right. Diagnoses included cervical myofasciitis, cervical sprain/strain, lumbar myofasciitis, lumbar sprain/strain and sciatica. Treatment plan included Naproxen, Flexeril, compound topical cream, cold/heat therapy unit, referral for pain management consultation, urine analysis testing, MRI of the cervical spine, acupuncture, chiropractic care, extracorporeal shockwave therapy and physiotherapy. On 03/31/2015, the injured worker underwent cervical epidural steroid injection, percutaneous epidural decompression neuroplasty of the cervical nerve root for analgesia left

and right at C5 level. Currently under review is the request for acupuncture therapy to the cervical and lumbar spine, physical therapy for the cervical and lumbar spine and extracorporeal shockwave therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy times 6 sessions to cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 3/24/15 progress report provided by the treating physician, this patient presents with sharp neck pain/weakness, aggravated by sleeping position, with pain rated 9/10 on VAS scale, and sharp low back pain/stiffness, radiating down right leg with heaviness/weakness, aggravated by prolonged sitting, with pain rated 8/10 on VAS scale. The treater has asked for on 3/24/15. The patient's diagnoses per request for authorization form dated 3/26/15 are cervical myofascitis, cervical sprain/strain, lumbar myofascitis, lumbar sprain/strain. The patient neck pain radiates along the upper extremities, and the pain has gradually progressed per 2/26/15 report. The patient experiences severe limitations to activities of daily living such as combing and reaching overhead per 2/26/15 report. Recent treatments have included hot packs, cold packs, acupuncture, extracorporeal shockwave therapy, massage, traction, ultrasound, exercise, chiropractic treatment, and TENS unit per 2/26/15 report. The patient has failed work with restrictions per 12/26/14 report. The patient is to remain off work until 5/8/15 per 3/24/15 report. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D)Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Functional Improvement is defined in labor code 9792.20(e) as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Treater has not provided medical rationale for the request. When reading MTUS for acupuncture, prior response to therapy is not pre-requisite to a trial of acupuncture. MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Review of medical records show that patient tried acupuncture in the past but does not indicate how recent it was, nor the number of sessions. There is no documentation of functional improvement as defined by the labor code 9792.20(e). After the initial trial of acupuncture, and for additional treatments, functional improvement must be documented. The request for 6 additional sessions of acupuncture is not in line with the guideline recommendations and therefore, it is not medically necessary.

Physical therapy times 6 sessions to cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter; Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 3/24/15 progress report provided by the treating physician, this patient presents with sharp neck pain/weakness, aggravated by sleeping position, with pain rated 9/10 on VAS scale, and sharp low back pain/stiffness, radiating down right leg with heaviness/ weakness, aggravated by prolonged sitting, with pain rated 8/10 on VAS scale. The treater has asked for physical therapy times 7 sessions to cervical and lumbar spine on 3/24/15. The patient's diagnoses per request for authorization form dated 3/26/15 are cervical myofascitis, cervical sprain/strain, lumbar myofascitis, lumbar sprain/strain. The patient neck pain radiates along the upper extremities, and the pain has gradually progressed per 2/26/15 report. The patient experiences severe limitations to activities of daily living such as combing and reaching overhead per 2/26/15 report. Recent treatments have included hot packs, cold packs, acupuncture, extracorporeal shockwave therapy, massage, traction, ultrasound, exercise, chiropractic treatment, and TENS unit per 2/26/15 report. The patient has failed work with restrictions per 12/26/14 report. The patient is to remain off work until 5/8/15 per 3/24/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Treater has not provided medicale rationale for the request. The patient had 12 prior physical therapy sessions for the lumbar spine which "failed" per 12/3/14 report, although the 11/5/14 report states the first 2 sessions diminished pain, tolerance to activity, and range of motion. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. There is no discussion of any flare-ups, explanation of why on-going therapy is needed, nor any reason why patient would be unable to transition into a home exercise program. Furthermore, the request for 7 additional sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.

Extracorporeal shockwave therapy to cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter for shock wave therapy neck/upper back chapter for shock wave therapy.

Decision rationale: Based on the 3/24/15 progress report provided by the treating physician, this patient presents with sharp neck pain/weakness, aggravated by sleeping position, with pain rated 9/10 on VAS scale, and sharp low back pain/stiffness, radiating down right leg with heaviness/ weakness, aggravated by prolonged sitting, with pain rated 8/10 on VAS scale. The treater has asked for extracorporeal shockwave therapy to cervical and lumbar spine on 3/24/15. The patient's diagnoses per request for authorization form dated 3/26/15 are cervical myofascitis, cervical sprain/strain, lumbar myofascitis, lumbar sprain/strain. The patient neck pain radiates along the upper extremities, and the pain has gradually progressed per 2/26/15 report. The patient experiences severe limitations to activities of daily living such as combing and reaching overhead per 2/26/15 report. Recent treatments have included hot packs, cold packs, acupuncture, extracorporeal shockwave therapy, massage, traction, ultrasound, exercise, chiropractic treatment, and TENS unit per 2/26/15 report. The patient has failed work with restrictions per 12/26/14 report. The patient is to remain off work until 5/8/15 per 3/24/15 report. ODG, low back chapter for shock wave therapy states: "not recommended. 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." (Seco, 2011) ODG, neck/upper back chapter for shock wave therapy states: "Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) See the Low Back Chapter. Two small studies have been published for upper back or neck pain. In this study trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of radial shock wave without physical therapy need to be examined in further studies. (Damian, 2011) In this study ESWT in patients with myofascial pain syndrome in trapezius muscle were as effective as trigger point injections (TPI) and TENS for pain relief and improving cervical range of motion, but neither TENS nor TPI are recommended treatments." (Jeon, 2012) The treater does not discuss this request in the reports provided. The treater has asked for extracorporeal shockwave therapy for the lumbar spine and cervical spine on 3/24/15. Review of the report shows no prior usage of ESWT units. ODG guidelines do not recommend shockwave therapy for the lumbar regions. ODG guideline for electrotherapies for the neck and upper back states not recommended. In this case, the treater has asked for extracorporeal shockwave therapy for the back which is not considered medically necessary for patient's condition. The request is not medically necessary.