

Case Number:	CM15-0091230		
Date Assigned:	05/15/2015	Date of Injury:	06/17/2010
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 49-year-old male with a June 17, 2010 date of injury. A progress note dated April 7, 2015 documents subjective findings (constant pain in the low back with radiation to the lower extremities, left greater than right; pain is noted to be improving, rated at a level of 6/10), objective findings (palpable paravertebral muscle tenderness with spasm of the lumbar spine; guarded and restricted range of motion of the lumbar spine; tingling and numbness in the thigh, leg and foot at L5 and S1 dermatomes), and current diagnoses (lumbago). Treatments to date have included acupuncture (helped), medications, lumbar epidural steroid injection, and imaging studies. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included chiropractic treatment and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic and physiotherapy with shockwave therapy sessions: lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Shock wave therapy.

Decision rationale: 8 chiropractic and physiotherapy with shockwave therapy sessions: lumbar spine are not medically necessary per the MTUS and the ODG guidelines. The MTUS states that for lumbar chiropractic care there should be a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The MTUS guidelines do not discuss ESWT for the cervical or lumbar spine. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high- energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG states that shock wave therapy is not recommended for the low back, as the available evidence does not support its effectiveness. The guidelines do not support shockwave therapy for the lumbar spine therefore the request for 8 chiropractic and physiotherapy with shockwave therapy sessions: lumbar spine is not medically necessary.

8 acupuncture treatments: lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 8 acupuncture treatments: lumbar spine is not medically necessary per the MTUS guidelines. The MTUS guidelines state that the time to produce functional improvement is 3 to 6 treatments from acupuncture. The documentation indicates that the patient has had prior acupuncture but there is no documentation of significant objective functional improvement as defined by the MTUS therefore this request for more acupuncture is not medically necessary.