MAXIMUS Federal Services

Case Number:	CM15-0096749		
Date Assigned:	05/29/2015	Date of Injury:	12/20/2009
Decision Date:	07/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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 54 year old female who sustained an industrial injury on December 20, 2009. She complains of constant neck pain and has been diagnosed with possible cervical discogenic pain/ possible bilateral cervical facet pain C4-5, C5-6/ possible cervical sprain/strain, cervicogenic neck pain with cervicogenic headaches versus bilateral occipital neuralgia, bilateral cervical radicular pain C6-7/ Possible some referred pain from bilateral shoulder, elbow, wrist, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral elbow sprain/strain with medial and lateral epicondylitis left more than right, and bilateral wrist sprain/strain. Treatment has included medications, physical therapy, medical imaging, and chiropractic care. Examination of the neck shows midline tenderness extending from C2-C6. Bilateral cervical facet tenderness was noted. The treatment request included extra shockwave therapy, follow up for pain management, and follow up if needed for pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, Shockwave therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29 of the update to Chapter 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT).

Decision rationale: Regarding the request for extracorporeal shockwave treatments for the elbow, the updated ACOEM Practice Guidelines do not recommend the use of extracorporeal shockwave therapy in lateral epicondylalgia patients based upon 12 studies and meta-analyses. "Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown." Similarly, the ODG state extracorporeal shockwave therapy is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. As such, the currently requested extracorporeal shockwave treatment is not medically necessary.

Follow up pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for follow-up office visit, the California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is suffering from continued pain and has established care with a pain management physician who has reviewed past treatment. As the worker continues with chronic pain, a follow-up office visit is appropriate, and this request for 1 office visit for follow-up

(rather than allowing an indefinite number) is medically appropriate. Therefore, this request is medically necessary.

Follow up if needed for pain medication: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: Regarding the request for follow-up office visit, the California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is suffering from continued pain and has established care with a pain management physician who has reviewed past treatment. As the worker continues with chronic pain, a follow-up office visit is appropriate, and this request for 1 office visit for follow-up (rather than allowing an indefinite number) is medically appropriate.