MAXIMUS Federal Services

Case Number:	CM15-0097859		
Date Assigned:	05/28/2015	Date of Injury:	10/27/2014
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts
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 37 year old male, who sustained an industrial injury on 10/27/2014. He reported pushing a wheelbarrow and stepping into a hole with his left foot, and feeling a popping sensation in his back. The injured worker was diagnosed as having lumbar herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included diagnostics and medications. Electromyogram and nerve conduction studies of the lower extremities (2/27/2015) were documented as showing bilateral L5-S1 radiculopathy. Magnetic resonance imaging of the lumbar spine (2/10/2015) was documented as showing a large L5-S1 paracentral disc herniation. Currently, the injured worker complains of low back pain, with a decrease in pain attributed to a home exercise program. He reported aching pain with numbness radiating into the left buttock and down to the ankle. Medication use included Norco, reducing pain from 8/10 to 5/10. Lidopro cream and Dragon creams were also used to decrease pain and improve sleep. Side effects were reported with the use of Gabapentin. Physical exam noted tenderness to palpation about the lumbar spine and decreased range of motion. Lower extremity sensation was decreased to the left S1 dermatome. Motor strength for the tibialis anterior, extensor hallucis longus, inversion, plantar flexion, and eversion was 4/5. Achilles reflex was absent on the left. Straight leg raise test and slump test were positive bilaterally. The injured worker signed a consent for microlumbar decompression surgery. A progress report regarding the treatment plan for chiropractic physiotherapy (2 x 3) to the lumbar spine and extracorporeal shockwave therapy (x 6) to the lumbar spine was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2 x 3 lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for radiating low back pain. An MRI shows that there is a large left L5-S1 disc herniation and surgery is being requested. When seen, medications were providing pain relief. There was decreased lumbar range of motion with decreased left lower extremity strength, sensation, and ankle reflex. He had lumbar spine tenderness. He has a home exercise program. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is consistent with the guideline recommendation and therefore can be considered medically necessary.

Extracorporeal shockwave therapy x6 lumbar spine: 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), Low Back, Shock wave therapy.

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-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy and Other Medical Treatment Guidelines Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. Annals of Rehabilitation Medicine. 2012; 36 (5): 665-674.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for radiating low back pain. An MRI shows that there is a large left L5-S1 disc herniation and surgery is being requested. When seen, medications were providing pain relief. There was decreased lumbar range of motion with decreased left lower extremity strength, sensation, and ankle reflex. He had lumbar spine tenderness. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating low back pain. Therefore, the request was not medically necessary.