

Case Number:	CM13-0014916		
Date Assigned:	01/10/2014	Date of Injury:	04/26/2005
Decision Date:	04/07/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 28 year old female with date of injury 4/26/05. The treating physician report dated 7/9/13 indicates that the patient has chronic neck pain and right shoulder pain. The diagnoses listed are: 1.Cervical discopathy with facet arthropathy 2.Shoulder impingement without tearing of the tendon 3.Right wrist flexor tenosynovitis with mild carpal tunnel 4.Thoracolumbar strain The utilization review report dated 7/24/13 denied the request for pain management consultation for consideration of facet blocks to the neck and ortho shockwave for the shoulder. The rationale for the denial was based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for Consideration of Facet Blocks to the Cervical Spine:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, chapter 7, page 127

Decision rationale: The patient presents with chronic neck pain and right shoulder pain. The cervical MRI dated 7/3/13 indicates mild reversal of the cervical lordosis, loss of disc height from C3 to C7, small disc bulges C3/4 and C4/5 and mild facet arthropathy at C2/3. The orthopedic treating physician requested a referral for pain management consultation for consideration of facet blocks to the neck. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in pain management may be required in this patient. The request is certified.

Ortho Shockwave Treatments x 3 for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter regarding Shockwave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The patient presents with chronic right shoulder pain. The right shoulder MRI dated 7/2/13 states the patient has "Meso os acromiale with the degenerative changes at the synchondrosis. Degenerative changes are also seen in the A/C joint. These may predispose to impingement syndrome." The treating physician has diagnosed the patient with right shoulder impingement. The MTUS guidelines do not address ortho shockwave for the shoulder. The ODG guidelines state that Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. There is no documentation provided in the reports reviewed to indicate that the patient has calcifying tendinitis. The request is not certified