

Case Number:	CM14-0102656		
Date Assigned:	08/06/2014	Date of Injury:	05/15/2013
Decision Date:	10/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 injured worker is a 41 year old male who had a work related injury on 05/15/13. The injured worker fell off a scaffold, he indicated he was leaning forward in upper to clean ceiling lights when the apparatus tipped over and he fell forward landing on his left side. He sustained two lacerations one on the nose and one in the first web space of his left hand. He also complained of neck, shoulder, elbow, and wrist pain, all in left side. He denied any head trauma or loss of consciousness. He complained of headaches but had not taken any medications for this. MRI of lumbar spine dated 07/23/13 demonstrated straightening of lumbar spine, early disc desiccation at L4-5 and L5-S1, modic type 2 endplate degenerative changes at L3-4, mild thickening of posterior wall of urinary bladder. At L4-5 there was diffuse disc protrusion with effacement of thecal sac, bilateral neural foraminal stenosis encroaching the left and right L4 exiting nerve root. Disc measured 2.3mm pre and post load bearing. At L5-S1 there was diffuse disc protrusion with annular tear without effacing the thecal sac. Bilateral neural foraminal stenosis encroaching bilateral L5 exiting nerve roots. MRI left shoulder dated 07/23/13 demonstrated osteoarthropathy of the acromioclavicular joint, minimal subscapularis bursitis and minimal glenohumeral joint effusion. MRI of cervical spine dated 07/23/13 demonstrated straightening of the cervical spine. Disc desiccation from C2-3 to C6-7. Focal central disc protrusion at C3-4. That effaced the left S4 C4 exiting nerve root. At C4-5 there was a focal central disc protrusion with annular tearing effacing the thecal sac. At C7 at C6-7 there was focal central disc protrusion effacing the thecal sac, C7 exiting nerve roots unremarkable. EMG/NCV upper extremities 10/20/13 demonstrated evidence of mild acute C6 radiculopathy on the right. Most recent clinical documentation submitted for review was dated 06/09/14. He continued to suffer from neck pain radiating into the right upper extremity with numbness and tingling. He indicated that his neck pain was also associated with frequent headaches. He continued to suffer

from intermittent lumbar spine and left shoulder pain that indicated he had good and bad days for both areas. He continued to work with modified duties and indicated that following work he had increased pain. He completed short course of physical therapy for the cervical spine and lumbar spine and reported temporary reduction of symptoms. Physical examination cervical spine flexion to 40 degrees. Extension 50 degrees. Left lateral rote flexion 35 degrees and 40 degrees right. Left rotation was 70 degrees and 62 right. He had tenderness to spinous processes, paravertebral muscles bilaterally. Upper trapezius bilaterally. He had positive cervical distraction test, maximal neural foraminal compression test bilaterally. Soto hall test was positive bilaterally. Sensory evaluation upper extremities within normal limits. Reflexes 2+ and symmetrical upper extremities. Acromioclavicular joint tenderness to palpation on the left side. Strength on left with abduction, adduction, flexion/extension, internal and external rotation rated 4/5 bilaterally. Decreased range of motion of the left shoulder. Positive Apley scratch test on the left. Positive supraspinatus test on the left. Jamar measurements on the left 35, 35, and 40. Right was 55, 45, 45. Lumbar spine orthopedic tests negative heel toe. Positive Kemp test and Milgram. Reflexes 2+ and symmetrical in lower extremities. There was some paravertebral muscle spasm on the right and left of lumbar spine. Flexion to 55 degrees. Extension to 50 degrees. Left lateral flexion and right lateral flexion 30 degrees. Left rotation 30 degrees and right 35 degrees. Sensation was intact prior utilization review on 06/16/14 was non-certified. Current request was for LINT capitalized to the lumbar spine times six. Extra corporal shockwave therapy and, acupuncture times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

LINT (Localized Intense Neurostimulation Therapy) to the Lumbar x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miguel Goernberg et al

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-116.

Decision rationale: The request for LINT (Localized Intense Neurostimulation Therapy) to the Lumbar times 6 is not medically necessary. The clinical evidence submitted does not support the request. There is no clinical evidence of neurological deficits. Therefore medical necessity has not been established.

ECSWT (Extracorporeal Shock Wave Therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines - 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) Shoulder chapter, extracorporeal shock wave therapy (ESWT)

Decision rationale: The request for ECSWT (Extracorporeal Shock Wave Therapy) is not medically necessary. The clinical documentation does not support the request. The request is non-specific for the body part to be treated, therefore medical necessity has not been established.

Acupuncture times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture times 6 is not medically necessary. The clinical documentation does not support the request. The request is non-specific for the body part to be treated; therefore medical necessity has not been established.