

Case Number:	CM14-0109418		
Date Assigned:	08/01/2014	Date of Injury:	01/27/2010
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, 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 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 patient is a 48-year-old female with an injury date of 01/27/2010. According to the 05/20/2014 progress report, the patient complains of pain in her neck, upper back, right shoulder, left shoulder, right elbow, and right/left wrist/hand. Upon examination, the patient has a diminished sensation in the left thumb tip, left long tip, and left small tip. The patient's diagnoses include the following: 1. Cervical spine strain. 2. Thoracic spine strain. 3. S/P right shoulder surgery (04/16/2004). 4. S/P left shoulder surgery (04/06/2011). 5. Right elbow strain. 6. S/P left elbow surgeries. 7. S/P right carpal tunnel release surgery. 8. S/P left carpal tunnel surgery (01/28/2006). The request is for the following: 1. Cervical epidural steroid injection. 2. Shockwave therapy x6 for the bilateral shoulder. 3. Physical therapy x8 for the cervical spine and bilateral shoulders. 4. Follow-up evaluation with a pain medicine specialist for chronic pain. 5. Follow-up evaluation with an orthopedic for the left shoulder. The utilization review determination being challenged is dated 06/16/2014. Treatment reports were provided from 01/21/2014 - 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs 46, 47) Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "se Page(s): 46, 47.

Decision rationale: According to the 05/20/2014 progress report, the patient presents with pain in her neck, upper back, right shoulder, left shoulder, right elbow, and right/left wrist/hand. The request is for a cervical epidural steroid injection. There is no indication that the patient previously had an ESI. In reference to an epidural steroid injection, MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study." In this case, there were no MRIs provided nor were there any positive exam findings. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Recommendation is for denial.

Shockwave therapy x6 for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. (Rompe, 2001) (Haake, 2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pleiner, 2004) (Moretti, 2005) In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT. (Gerdesmeyer-JAMA, 2003) (Perlick, 2003) While the findings indicate there may be a treatment effect from ESWT for tendinitis of the shoulder, the protocols need to be confirmed in high-quality randomized clinical trials. (BlueCross BlueShield, 2004) (Trebinjac, 2005) Three-dimensional, computer-assisted navigation reveals significantly better results and is therefore recommended when extracorporeal shock wave therapy is used in the treatment of calcific tendinitis of the rotator cuff. (Sabeti-Aschraf, 2005) Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of noninflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. (Mouzopoulos, 2007) Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. (Speed, 2002) (Blue Cross Blue Shield, 2003) For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs 36%; odds ratio 3.2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work. (Engebretsen, 2009) See also the Ankle & Foot Chapter, and the Elbow Chapter. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT.

Decision rationale: Based on the 05/20/2014 report, the patient presents with pain in her neck, upper back, right elbow, left elbow, right wrist/hand, right shoulder, left shoulder, and left wrist. The request is for a shockwave therapy x6 for the bilateral shoulders. MTUS Guidelines state that shockwave therapy is "recommended for calcifying tendinitis but not for other shoulder disorders." There is no indication that the patient has calcifying tendinitis. Therefore, recommendation is for denial.

Physical therapy x8 for the cervical spine and bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: Based on the 05/20/2014 report, the patient presents with pain in her neck, upper back, right elbow, left elbow, right wrist/hand, right shoulder, left shoulder, and left wrist. The request is for physical therapy x8 for cervical spine and bilateral shoulders. There is no discussion provided as to if the patient already previously had any physical therapy sessions. MTUS Guidelines page 98 and 99 state that for myalgia and myositis, 9 to 10 visits are recommended for over 8 weeks. For myalgia, neuritis, radiculitis, 8 to 10 visits are recommended. In this case, the treater has requested for 8 sessions of physical therapy for the patient's cervical spine and bilateral shoulders. The requested 8 sessions are consisted with MTUS Guidelines. Recommendation is for authorization.

Follow-up evaluation with a pain medicine specialist for chronic pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on the 05/20/2014, the patient complains of pain in her neck, upper back, right shoulder, left shoulder, right elbow, left elbow, right wrist/hand, and left wrist. The request is for a follow-up evaluation with a pain medicine specialist for chronic pain. Regarding followup visits, ACOEM chapter 12 on low back states, "Patients with potentially work-related low back complaints should have follow-ups every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his/her recovery." Given the patient's complexity and clinical problems, obtaining an evaluation is reasonable. Recommendation is for authorization.

Follow-up evaluation with an orthopedist for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: According to the 05/20/2014 progress report, the patient presents with pain in her neck, upper back, right shoulder, left shoulder, right elbow, left elbow, right wrist/hand, and left wrist. The request is for a followup evaluation with an orthopedic for the left shoulder. Regarding follow-up visits, ACOEM chapter 12 states, "Patients with potentially work-related low back complaints should have follow-ups every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his/her recovery." Due to the complexity of the case, the patient should be allowed a follow-up evaluation. Recommendation is for authorization.