

<b>Case Number:</b>	CM14-0011841		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Orthopaedic Surgery, 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:

This 52-year-old male sustained an industrial injury on 12/16/09. The mechanism of injury is not documented. The 8/9/10 lumbar MRI documented a slight L4/5 disc protrusion with moderate to severe bilateral foraminal stenosis, disc protrusion and severe loss of disc height at L5/S1 with reactive changes in the endplates, and developmental sagittal spinal canal stenosis from L3 to L5. The 11/4/13 treating physician report cited subjective complaints of right shoulder and back pain with trouble performing his daily activities. He had been attending physical therapy 3 times per week. Low back pain was reported 4/10 and radiated into the right buttock, thigh and calf. Right shoulder pain was 4/10 and associated with clicking and limited range of motion. Low back physical exam findings documented lumbosacral and sacroiliac tenderness to palpation, paraspinal muscle spasms and trigger point, moderate loss of lumbar range of motion, and positive right straight leg raise. Right shoulder exam findings documented global right shoulder tenderness, mild to moderate loss of shoulder range of motion, global 4/5 right upper extremity strength, and positive Neer's impingement and supraspinatus tests. The diagnoses included lumbosacral musculoligamentous sprain/strain and discogenic disease, and right shoulder sprain/strain, tendinopathy, impingement syndrome, and rotator cuff tear. The patient was a surgical candidate for the right shoulder. The treatment plan recommended extracorporeal shockwave therapy for the right shoulder, Localized Intense Neurostimulation Therapy (LINT) for the lumbar spine, medications, and physical therapy 2x6. The 1/16/14 utilization review denied the requests for extracorporeal shockwave therapy based on a failure to meet guideline criteria for use and LINT based on absence of guideline support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTRACORPOREAL SHOCKWAVE THERAPY TO RIGHT SHOULDER TIMES 4 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

**Decision rationale:** Under consideration is a request for extracorporeal shockwave therapy (ESWT) to the right shoulder for 4 sessions. The California MTUS guidelines are silent regarding ESWT. The Official Disability Guidelines recommend ESWT for calcifying tendonitis, but not for other shoulder disorders. Specific criteria for the use of extracorporeal shockwave therapy state that this modality is contraindicated in patients who have had physical therapy within the past 6 weeks. Guideline criteria have not been met. This patient has been under active physical therapy, and additional therapy has been prescribed. There is no evidence in the records that this patient has been diagnosed with calcifying tendonitis. Therefore, this request for extracorporeal shockwave therapy to the right shoulder for 4 sessions is not medically necessary.

**LINT - LOCALIZED INTENSE NEUROSTIMULATION THERAPY TO LUMBAR SPINE TIMES 6 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Localized High-Intensity Neurostimulation Hyperstimulation Analgesia.

**Decision rationale:** Under consideration is a request for LINT (Localized Intense Neurostimulation Therapy) to the lumbar spine for 6 sessions. The California MTUS guidelines are silent regarding LINT. The Official Disability Guidelines state that hyperstimulation analgesia (LINT) is not recommended until there are higher quality studies. Guidelines state that initial results are promising, but only from two low quality studies sponsored by the manufacturer. There is no compelling reason presented to support the medically necessary of LINT in the absence of guideline support. Therefore, the request for LINT (Localized Intense Neurostimulation Therapy) to the lumbar spine for 6 sessions is not medically necessary.