

Case Number:	CM14-0128005		
Date Assigned:	08/15/2014	Date of Injury:	08/01/2008
Decision Date:	12/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Pain Management 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 is a female patient with a date of injury of August 1, 2008. A Utilization Review dated July 14, 2014 recommended non-certification of shockwave therapy 1x13 and modification of acupuncture 2x6 to acupuncture 2x3. A PR-2 Report dated July 2, 2014 identifies Subjective findings of neck, upper back, lower back, and left shoulder/arm pain. Physical Exam identifies light touch sensation is diminished in the left shoulder lateral. Diagnoses identify cervical spine strain, thoracic spine strain, lumbar spine strain, status post left shoulder 12/1/12, left knee strain, and right ankle strain. Treatment Plan identifies considering surgical treatment for her low back and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 1x13 Lumbar Spine, Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Extracorporeal Shock Wave Therapy (ESWT); Official Disability Guidelines (ODG), Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints, Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shock Wave Therapy and Shoulder Chapter, Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: Regarding the request for Shockwave therapy 1x13 lumbar spine, left shoulder, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. Regarding the shoulder, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. Within the documentation available for review, there is no identification of a diagnosis of calcified tendinitis. As such, the request for Shockwave Therapy 1x13 Lumbar Spine, Left Shoulder is not medically necessary.

Acupuncture 2x6 Lumbar Spine, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture; Â§9792.24.1

Decision rationale: Regarding the request for Acupuncture 2x6 lumbar spine, left shoulder, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the request for Acupuncture 2x6 Lumbar Spine, Left Shoulder is not medically necessary.