

<b>Case Number:</b>	CM14-0083469		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old female who reported an injury on 10/18/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 05/09/2014 indicated diagnoses of cervical spine sprain/strain with myospasms, lumbar spine sprain/strain with radiculopathy and myospasms, cervical spine disc desiccation and cervical spine multilevel disc protrusions, and lumbar spine disc desiccation and lumbar spine multilevel disc protrusions. The injured worker reported intermittent low back pain described as moderate to occasionally severe that radiated to her waist, right scapula, right shoulder, right leg, right foot, and bilateral knees with numbness and tingling sensation. The injured worker reported the pain increased with prolonged standing, sitting, and walking. The injured worker also reported intermittent worsening upper back pain that was moderate to occasionally severe that radiated down her right elbow. The injured worker reported the pain was worsened with prolonged positioning and when her low back pain flared up. The injured worker reported her pain was well controlled with medication, denied any side effects, and reported therapy and acupuncture helped decrease her pain temporarily. On physical examination of cervical spine, there was tenderness to palpation with spasms on the bilateral upper trapezius muscles and bilateral rhomboid muscles with limited range of motion secondary to pain. The examination of the thoracolumbar spine revealed tenderness to palpation with spasms of the right quadratus lumborum muscle, the right gluteal muscle, and tenderness to palpation of the right sacroiliac. There was limited range of motion secondary to pain. The injured worker had a positive sitting root. The injured worker's prior treatments included physical therapy, acupuncture, and medication management. The provider submitted a request for extracorporeal shock wave therapy, right levator scapula, times three and extracorporeal shock wave therapy, left levator scapula, times three. a request for

authorization dated 05/09/2014 was submitted for extracorporeal shock wave therapy right and left levator scapula, times three bilaterally. However, a rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Extracorporeal Shock Wave Therapy, Right Levator Scapula, x3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Updated 4/25/14), Extracorporeal Shockwave Therapy (ESWT).

**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 shock wave therapy (ESWT).

**Decision rationale:** The Official Disability Guidelines recommend extracorporeal shockwave therapy for clarifying tendinitis but not for other shoulder disorders 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. The documentation submitted did not indicate the injured worker had calcifying tendinitis of the shoulders. In addition, there was a lack of documentation of how many sessions of physical therapy and acupuncture the injured worker had completed. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for extracorporeal shock wave therapy, right levator scapula, times three is not medically necessary and appropriate.

#### **Extracorporeal Shock Wave Therapy, Left Levator Scapula, x3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Updated 4/25/14), Extracorporeal Shockwave Therapy (ESWT).

**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 shock wave therapy (ESWT).

**Decision rationale:** The Official Disability Guidelines recommend extracorporeal shockwave therapy for calcifying tendinitis but not for other shoulder disorders 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. The documentation submitted did not indicate the injured worker had calcifying tendinitis of the shoulders. In addition, there was a lack of documentation of how many sessions of physical therapy and acupuncture the injured worker had completed. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for extracorporeal shock wave therapy, left levator scapula, times three is not medically necessary and appropriate.

