

<b>Case Number:</b>	CM14-0193325		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED], who has filed a claim for chronic neck pain, shoulder pain, headaches, and insomnia reportedly associated with an industrial injury of April 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; trigger point injections; other interventional procedures; an 8% whole person impairment rating; the apparent imposition of permanent work restrictions; and earlier lumbar epidural steroid injection. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for six sessions of extracorporeal shockwave therapy. The claims administrator stated that its decision was based on progress notes and RFA forms of October 10, 2014, and August 29, 2014. The applicant's attorney subsequently appealed. In a May 23, 2014 office visit, the applicant's internist gave the applicant diagnoses of gastritis, insomnia, sexual dysfunction, back pain, and dizziness. The applicant was given a prescription for Cialis and asked to continue other unspecified medications. In a July 30, 2014 pain management note, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities, cervicogenic headaches, low back pain, and bilateral lower extremity pain. The applicant was given Norco, Naprosyn, and Fexmid. The applicant received trigger point injections to the neck and lower back, as well as lumbar epidural steroid injections. Cervical epidural steroid injection therapy was pending. Trigger point injections were performed for myofascial pain complaints. The applicant's work status was not provided. In September 16, 2014 psychological evaluation, it was acknowledged that the applicant was not working and had last worked on April 10, 2012, although the applicant's psychologist posited that this was a function of the applicant's medical issues as opposed to the applicant's mental health issues. In a neurology note dated August 12, 2014, the applicant was given diagnoses of posttraumatic headaches, sleep disturbance, and vertigo. Brain MRI imaging and EEG testing were sought. On

August 28, 2014, Maxalt and Elavil were endorsed for migrainous type headaches. On October 10, 2014, the applicant's primary treating provider, a chiropractor, noted that the applicant reported multifocal complaints of neck pain, shoulder pain, elbow pain, low back pain, sleep disturbance, stress, anxiety, and headaches. In his diagnostic test result review, the primary treating provider did refer to x-ray of the pelvis, CT of the brain, a chest x-ray, and MRI imaging of the cervical spine. There was no mention made of x-rays and/or MRI imaging of the shoulder, however. The applicant was given a diagnosis of shoulder myoligamentous injury. Extracorporeal shockwave therapy for the right shoulder was sought, along with an interferential unit rental and a solar care heat device. MRI imaging of the neck, back, and shoulder were also sought. Eight sessions of acupuncture were endorsed while the applicant was placed off of work, on total temporary disability.

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

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

**Extracorporeal Shock Wave Therapy Six Sessions, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence does support usage of extracorporeal shockwave therapy for specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, the information on file does not point to the applicant's carrying a diagnosis of calcifying tendonitis of the shoulder for which extracorporeal shockwave therapy could be considered. Rather, the requesting provider wrote on October 10, 2014 that the applicant carried a diagnosis of mild ligamentous injury of the shoulder/nonspecific shoulder pain. The applicant did not appear to have had any imaging studies of the shoulder, which would establish diagnosis of calcifying tendonitis obtained, it was further noted. Therefore, the request is not medically necessary.