

<b>Case Number:</b>	CM15-0009269		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 60 year old female, who sustained an industrial injury on 1/13/2010. The current diagnoses are herniated nucleus pulposus of the cervical and lumbar spine and right shoulder impingement. According to the progress report dated 10/16/2014, the injured worker complained of neck, low back, and right shoulder pain. The Pain was rated 8/10 on a subjective pain scale. The physical examination showed decreased range of motion to the cervical spine with spasm. The lumbar spine was positive for straight leg raise test. The right shoulder is positive for impingement. The treating physician is requesting ortho shockwave for the cervical spine and right shoulder, follow-up in four weeks for the lumbar spine, chiropractic/physiotherapy sessions to the right shoulder, 4 acupuncture sessions to the right shoulder, urinalysis for toxicology, autonomic nervous study, Sudo scan, and internist consult, which is now under review. On 12/17/2014, Utilization Review had non-certified a request for ortho shockwave for the cervical spine and right shoulder, follow-up in four weeks for the lumbar spine, 4 chiropractic/physiotherapy sessions to the right shoulder, 4 acupuncture sessions to the right shoulder, urinalysis for toxicology, autonomic nervous study, Sudo scan, and internist consult. The California MTUS Chronic Pain, ACOEM, Acupuncture, and Official disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Shockwave for the cervical spine and right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**Decision rationale:** According to MTUS guidelines, in the Shoulder Complaints chapter table 9-6, there is no strong evidence supporting the use of physical treatment methods including Extracorporeal Shockwave Therapy for the treatment of shoulder dysfunction. Most of the evidences are level D. Some medium quality evidence supports the use of Extracorporeal Shockwave Therapy for shoulder calcified tendinitis. There is no documentation of right shoulder calcified tendinitis in this case. Therefore, the prescription of Ortho Shockwave for the cervical spine and right shoulder is not medically necessary.

**Follow up in four weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach : (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." The provider did not document lack of pain and functional improvement that require a follow up. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation. The documentation did not include the reasons, the specific goals and end point for the visit. Therefore, the request for Follow up for lumbar spine is not medically necessary.

**Chiropractic/physiotherapy one times four weeks for the right shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation “Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care 'Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care' Not medically necessary. Recurrences/flare-ups, Need to reevaluate.” Based on the above, continuous chiropractic treatment is not recommended without periodic documentation of its efficacy. There is no documentation of the efficacy of previous chiropractic sessions. Therefore, the request for Chiropractic/physiotherapy one times four weeks for the right shoulder is not medically necessary.

**Acupuncture one time four weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, “Acupuncture” is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.” Furthermore and according to MTUS guidelines, “Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites.” The patient developed chronic shoulder pain and musculoskeletal disorders. There is no documentation that the patient is seeking physical rehabilitation or surgical intervention in adjunct with acupuncture. Therefore, the request for Acupuncture one time four weeks for the right shoulder is not medically necessary.

**Urinalysis for toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patients have a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.

**Autonomic nervous study:** 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 Autonomic Neuropathy.  
<http://emedicine.medscape.com/article/1173756-overview>.

**Decision rationale:** According to Medscape, autonomic nervous system study is indicated in case of autonomic system dysfunction. There is no documentation in this of signs and symptoms of autonomic nervous system dysfunction. Therefore, the request is not medically necessary.

**Sudo scan:** 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 Sudoscan, a Noninvasive Tool for Detecting Diabetic Small Fiber Neuropathy and Autonomic Dysfunction Carolina M. Casellini, MD, Henri K. Parson, PhD, Margaret S. Richardson, BS, Marie L. Nevoret, MD, and Aaron I. Vinik, MD, PhD, FCP, MACP, FACEcorresponding author.

**Decision rationale:** According to Casellini paper, sudoscan is indicated in case of autonomic system dysfunction or small fiber neuropathy. There is no documentation in this of signs and symptoms of autonomic nervous system dysfunction or small fiber neuropathy. Therefore, the request is not medically necessary.

**Internist consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations chapter 7 page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) “ The patient does not fulfill any of the above criteria for an internist referral. Muscle testing is a part of routine physical examination and evaluation management visit. It is not a separate procedure and consultation that need the expertise of an internist. There is no clear rational and justification for an internist consultation. Therefore, the request for Internist consult is not medically necessary.