

Case Number:	CM15-0108031		
Date Assigned:	06/12/2015	Date of Injury:	01/26/2015
Decision Date:	09/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 January 26, 2015. The injury occurred while performing her usual and customary duties as an accounts receivable specialist. The injured worker has been treated for neck, shoulder, back and leg complaints. The diagnoses have included cervical spine sprain/strain, lumbar sprain/strain, bilateral shoulder pain, lumbar radiculopathy, anxiety and depression. Treatment to date has included medications, radiological studies, extracorporeal shockwave treatment, a transcutaneous electrical nerve stimulation unit, psychological evaluation and physical therapy. Current documentation dated May 5, 2015 notes that the injured worker reported neck, bilateral shoulder and low back pain with spasms. Examination of the cervical spine revealed tenderness of the paraspinal and upper trapezius muscles bilaterally. Examination of the lumbar spine revealed tenderness of the paraspinal muscles, quadratus lumborum and right sacroiliac joint. A straight leg raise test was positive on the right. Examination of the shoulders revealed tenderness to the rotator cuff repair and acromioclavicular joint. An impingement sign was positive bilaterally. The treating physician's plan of care included a request for an MRI of the bilateral shoulders, neck and lumbar spine, physical therapy # 12 to the neck, bilateral shoulders and lumbar spine, shockwave treatments # 15 to the neck and bilateral shoulders, an electromyography/nerve conduction velocity study of the bilateral lower extremities and localized intense neurostimulation therapy (LINT) # 6 to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral shoulders, neck lumbar: 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): 207-208.

Decision rationale: Guidelines recommend MRI of the shoulder for acute shoulder trauma, suspected rotator cuff tear/impingement, subacute shoulder pain, or suspect instability/labral tear. In this patient, the physical examination did not indicate presence of any of these conditions. The request for MRI of the right shoulder is not medically appropriate and necessary. Guidelines recommend MRI if there is physiologic evidence of tissue insult or nerve impairment. Cervical MRI is recommended in cases of chronic neck pain after 3 months of conservative care with normal radiographs in the presence of neurological signs and symptoms such as radiculopathy or progressive neurologic deficit. In this case, the patient has chronic neck pain but there was no evidence of severe radiculopathy, progressive neurologic defect, or any red flag that would necessitate an MRI. In addition, there was no evidence that the patient completed and failed 3 months of conservative care. The request for cervical spine MRI is not medically appropriate and necessary. Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed.

Physical therapy 3 times a week for 4 weeks- bilateral shoulders, neck, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, the patient has had previous physical therapy but the exact number of visits completed to date as well as evidence of functional improvement is not provided in the documents. The request for physical therapy for the shoulders, neck and lumbar spine is not medically necessary and appropriate.

Shock wave 15 treatments for bilateral shoulders, neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back shockwave therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines do not support shockwave therapy as first line therapy but may be used on a trial basis if monitored closely. Shockwave therapy may be useful in patient with calcific tendonitis of the shoulder that has remained after 6 months of standard therapy. There is no indication for use in the cervical spine. In this case, there is no documentation that the patient failed at least 6 months of conservative therapy on the shoulders. The request for shockwave for the bilateral shoulders and neck is not medically necessary and appropriate.

EMG/NCV of bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with lower extremity pain lasting more than 3-4 weeks. In this case, there is a lack of documented peripheral nerve dysfunction. The request for EMG bilateral lower extremities is not medically appropriate and necessary.

LINT 1 times 6 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 120.

Decision rationale: Guidelines do not recommend LINT for treatment of chronic pain. The documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendation. The request for LINT lumbar 1 x 6 is not medically appropriate and necessary.