

<b>Case Number:</b>	CM15-0138726		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/22/2015
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 76 year old male, who sustained an industrial injury on 1/22/2015. Diagnoses include headache, right shoulder adhesive bursitis, right shoulder bursitis, right shoulder impingement syndrome, left knee chondromalacia and left knee internal derangement. Treatment to date has included conservative measures including diagnostics, work modification and medication management. Per the Primary Treating Physician's Progress Report dated 6/16/2015, the injured worker reported every day headaches, continuous right shoulder pain, intermittent left knee pain and intermittent chest and ribs pain. Physical examination of the right shoulder revealed decreased ranges of motion and tenderness of the anterior shoulder and muscle spasm of the lateral shoulder. Left knee examination revealed tenderness to palpation and spasm of the anterior knee. The plan of care included physical therapy and follow-up with an orthopedic surgeon. Authorization was requested for one urine drug screen, trigger point impedance imaging, localized intense neurostimulation therapy and extracorporeal shockwave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker was authorized Norco in a July, 2015 utilization review but it is unclear from the available documentation if he ever started taking the medication. There are no previous urine drug screens available for review and there is no indication that one is warranted now. The request for 1 urine drug screen is determined to not be medically necessary.

**Unknown extracorporeal shockwave therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter/Extracorporeal Shock Wave Therapy (ESWT) Section.

**Decision rationale:** MTUS guidelines do not address the use of shockwave therapy (ESWT) for the knee. Per the ODG, ESWT is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. As the use of ESWT is currently under study, it is not currently recommended for the injured worker. The request for unknown extracorporeal shockwave therapy visits is determined to not be medically necessary.

**Unknown trigger point impedance imaging:** 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 - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 122.

**Decision rationale:** The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the proposed location and number of injections is not included with the request, therefore, the request for unknown trigger point impedance imaging is determined to not be medically necessary.

**Unknown localized intense neurostimulation therapy:** 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 - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Hyperstimulation Analgesia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of localized intense neurostimulator therapy. Per the ODG, hyperstimulation analgesia is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. As this form of therapy is not recommended by the established guidelines, the request for unknown localized intense neurostimulation therapy is determined to not be medically necessary.