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| Case Number: | CM15-0168019 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 09/10/2013 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 37 year old female, who sustained an industrial injury on September 10, 2013. The injured worker is diagnosed as having cervical myofascial pain-trigger points, rule out cervical radiculopathy and thoracic myofascial pain. Her work status is temporary total disability. Currently, the injured worker complains of neck pain with symptoms noted in her right upper extremity rated at 8 on 10. She reports increased myofascial, trigger points and cervical paraspinal pain. She also reports thoracic pain that is rated at 5 on 10. Physical examinations dated April 20, 2015, July 20, 2015 reveals cervical and thoracic spine tenderness, decreased range of motion, and her upper extremities remain unchanged, neurologically. "The meniscus sensation right C6 and C7 dermatomal distributions, right wrist extensors and flexors 4+5. There are multiple tender cervical paraspinal musculature and cervical trapezius trigger points, as well as tenderness in the thoracic spine and thoracic paraspinal musculature". Treatment to date has included urine toxicology screen and TENS unit. A note dated February 16, 2015 states Tramadol, Cyclobenzaprine, Omeprazole and over the counter Ibuprofen does decrease her pain and allows her to tolerate activity. A note dated April 20, 2015 states the injured worker did not experience efficacy from oral antidepressants or anticonvulsants; however, she did have success with topical anticonvulsant medication for radicular pain. The pain did not ease with trigger point injections, home exercise, activity modifications and non-inflammatory medications, per note dated July 20, 2015. A request for extracorporeal shockwave therapy to the cervical spine for 5 sessions (deemed not medically necessary) and additional chiropractic treatment (2x4) to the cervical and thoracic spine (has had adequate physical

therapy-chiropractic treatment with no significant objective improvement and is denied), per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to cervical x 5 sessions: 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) Neck and Upper Back Chapter - ESWT ; ODG Shoulder Chapter , Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.█.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the ACOEM, extracorporeal shock wave therapy to the cervical spine times five is not medically necessary. █ considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months' duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). █ considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured workers working diagnoses are cervical myofascial pain/trigger points; rule out cervical radiculopathy; and thoracic myofascial pain. Date of injury is September 10, 2013. Request for authorization is August 6, 2015. According to an August 25, 2014 progress note, the injured worker received recesses of chiropractic treatment with decreased pain. The treating provider indicated additional chiropractic treatment would be ordered. According to a February 16, 2015 progress note, the treating provider requested additional chiropractic treatment to the cervical spine. According to a July 20, 2015 progress note, the injured worker has ongoing neck and right upper extremity pain, Inc./10. Objectively, there is tenderness palpation with decreased range of motion and multiple trigger points in the cervical paraspinal muscle groups. The treating provider requested extracorporeal shock wave therapy to treat the cervical myofascial complement. Extracorporeal shockwave therapy is not indicated for treatment of myofascial pain involving the cervical spine. Extracorporeal shock wave therapy is clinically indicated for calcific tendinitis of the shoulder and plantar fasciitis. There is no documentation of either of these diagnoses. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for extracorporeal shock wave therapy and

guideline non-recommendations for extracorporeal shock wave therapy based on the current medical record documentation, extracorporeal shock wave therapy to the cervical spine times five is not medically necessary.

Additional chiropractic treatment 2x4 for cervical and thoracic and spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Manual therapy & manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional chiropractic sessions two times per week times four weeks to the cervical and thoracic spine are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical myofascial pain/trigger points; rule out cervical radiculopathy; and thoracic myofascial pain. Date of injury is September 10, 2013. Request for authorization is August 6, 2015. According to an August 25, 2014 progress note, the injured worker received recesses of chiropractic treatment with decreased pain. The treating provider indicated additional chiropractic treatment would be ordered. According to a February 16, 2015 progress note, the treating provider requested additional chiropractic treatment to the cervical spine. According to a July 20, 2015 progress note, the injured worker has ongoing neck and right upper extremity pain, Inc./10. Objectively, there is tenderness palpation with decreased range of motion and multiple trigger points in the cervical paraspinal muscle groups. The documentation shows the injured worker received prior chiropractic treatment. The total number of chiropractic treatments to date is not specified in the record. There is no documentation demonstrating objective functional improvement from prior chiropractic treatment. Additional chiropractic treatment is based on evidence of objective functional improvement with a total update to visit over 6 to 8 weeks. Additionally, elective/maintenance care is not medically necessary. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating the total number of chiropractic treatment sessions to date and documentation demonstrating objective functional improvement to support ongoing chiropractic treatment, additional chiropractic sessions two times per week times four weeks to the cervical and thoracic spine are not medically necessary.