

<b>Case Number:</b>	CM15-0168514		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 45 year old female, who sustained an industrial injury on 9-22-14. The injured worker was diagnosed as having cervical spine sprain-strain, rule out cervical radiculopathy, bilateral shoulder sprain-strain, low back pain, lumbar spine sprain-strain, rule out lumbar radiculopathy, bilateral hip sprain-strain and bilateral ankle sprain-strain. Treatment to date has included oral medications including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and topical Ketoprofen cream; shockwave treatment; activity restrictions and acupuncture. (MRI) magnetic resonance imaging of cervical spine performed on 5-9-15 revealed straightening of the cervical spine, early disc desiccation at C2-3 to C6-7 and C3-4 diffuse disc protrusion effacing the thecal sac. (MRI) magnetic resonance imaging of right hip performed on 5-9-15 revealed small fluid in cul de sac, endometrial canal is dilated and small nabothian cysts. Currently on 7-20-15, the injured worker complains of burning, radicular neck pain and muscle spasms rated 6-7 out of 10; burning bilateral shoulder pain rated 6 out of 10 described as constant moderate to severe; burning radicular low back pain and muscle spasms rated 7 out of 10 described as constant, moderate to severe and associated with numbness and tingling of bilateral lower extremities; burning bilateral hip pain and muscle spasms rated 6 out of 10 aggravated with squatting, kneeling, ascending or descending stairs and burning bilateral ankle pain rated 6-7 out of 10 described as constant, moderate to severe. She notes the medications offer temporary relief of pain and improve her ability to have restful sleep. She is currently working with modifications. Physical exam performed on 7-20-15 revealed tenderness to palpation at the sub occipital region and over both scalene and trapezius muscles

with slightly restricted range of motion of cervical spine; tenderness at the delto-pectoral groove and supraspinatus muscle with slightly restricted range of motion of bilateral shoulders, tenderness to palpation of the lumbar paraspinal muscles and over the lumbosacral junction with slightly restricted range of motion and tenderness to palpation at the greater trochanters bilaterally and over the medial and lateral malleolus of bilateral ankles with restricted range of motion of bilateral ankles. The treatment plan included consultation with pain management specialist, consultation with an orthopedic surgeon, course of acupuncture 18 sessions, course of physical therapy 18 sessions and continuation of shockwave therapy up to 3 treatments. On 8-14-15, utilization review non-certified shockwave treatment because the injured worker did not have a diagnosis of calcific tendinitis and non-certified acupuncture noting the injured worker had previously received acupuncture treatments however there is no documentation that she received benefit from the treatments.

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

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

**Consultation with an orthopedic surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Premium.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has continued shoulder, neck and back pain. The failure of conservative therapy would warrant a consult for orthopedic consult to improve the patient's pain and function. Therefore, the requested treatment is medically necessary.

**Shockwave therapy x 6 for bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (Online version), Premium Edition, Shoulder Disorders-Rotator cuff tendinopathy, Allied Health Interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shockwave therapy.

**Decision rationale:** The California MTUS and the ACOEM shoulder do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria

for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. Criteria as outlined above has not been met and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

**Acupuncture 3 times a week for 6 weeks for cervical, bilateral shoulders and lumbar:**  
Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 18 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is in excess of the recommended initial treatment sessions and not certified. Therefore, the requested treatment is not medically necessary.