

<b>Case Number:</b>	CM15-0188456		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, Florida, 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:

This is a 43 year old male with a date of injury on 3-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, bilateral tennis elbow and bilateral upper extremity numbness rule out carpal tunnel syndrome. According to the progress reports dated 5-18-2015 to 8-26-2015, the injured worker complained of constant, dull to stabbing neck pain radiating into the left arm. He also complained of frequent headaches. He complained of burning, bilateral wrist and elbow pain and muscle spasms. The physical exam (8-26-2015) revealed tenderness to palpation along the paravertebral muscles. There were trigger points in the trapezius. Tinel's sign was positive on the bilateral wrists. Treatment has included therapy and medications. Current medications (7-20-2015) included Deprizine, Dicopanor, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. The original Utilization Review (UR) 9-15-2015 denied requests for a urine drug test and unknown sessions of 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 test:** 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): Drug testing.

**Decision rationale:** Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.

**Unknown sessions of extracorporeal shockwave therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute and Chronic) Tennis elbow band.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Shock wave therapy, cited as example.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The exact location for the extracorporeal shock wave therapy is not cited, nor is the number of sessions. These are serious omissions, as the evidence support differs by region. For example, the ODG recommends this procedure for the shoulder only for calcific tendinitis, but no other conditions. The criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) are: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The region is not cited, and the frequency and duration is not provided. The request is not medically necessary.