

Case Number:	CM15-0195780		
Date Assigned:	11/03/2015	Date of Injury:	07/09/2014
Decision Date:	12/14/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on July 09, 2014. The injured worker was diagnosed as having cervical spine musculoligamentous sprain and strain with radiculitis with rule out cervical discogenic disease, thoracic spine musculoligamentous sprain and strain, lumbar spine musculoligamentous sprain and strain with myofascial pain, lumbar spine discogenic disease per magnetic resonance imaging, left shoulder sprain and strain with tendinosis and impingement. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine on November 06, 2014, osteopathic manipulative treatment for somatic dysfunction, acupuncture, and medication regimen. In a progress note dated August 26, 2015 the treating physician reports complaints of pain to the neck, mid to upper back, lower back, and the left shoulder. Examination performed on August 26, 2015 was revealing for tenderness to the cervical paraspinal muscles with spasm, decreased range of motion to the cervical spine, positive cervical compression testing, tenderness to the thoracic paraspinal muscles, spasm to the thoracic spine, trigger points to the thoracic spine, tenderness to the lumbar paraspinal muscles, spasm to the lumbar spine, decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, tenderness to the left shoulder, decreased range of motion to the left shoulder, and positive impingement and supraspinatus testing. The injured worker's pain level on August 26, 2015 was rated a 7 to 8 out of 10 to the neck that was noted to be a decrease, an 8 to 9 out of 10 to the mid to upper back and the left shoulder that was noted to be an increase, and a pain level of a 9 out of 10 to the low back that was noted to be a decrease. The medical records provided did not contain documentation on prior

extracorporeal shockwave therapy. On August 26, 2015 the treating physician requested extracorporeal shockwave therapy of the thoracic spine and the left shoulder once per 4 weeks each, but did not indicate the specific reason requested treatment. On September 21, 2015 the Utilization Review determined the request for extracorporeal shockwave therapy for the thoracic spine and left shoulder with a quantity of 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the thoracic spine and left shoulder, quantity: 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy (2) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in July 2014 when a large metal rack with roles of fabric fell onto his head and upper back. He continues to be treated for neck, back, and left shoulder pain. Treatments have included medications, physical therapy, and chiropractic care. When seen, he had pain rated at 7-9/10. He had tenderness and muscle spasms throughout the spine. There were thoracic trigger points. Cervical compression testing and bilateral straight leg raising were positive. He had left shoulder tenderness with restricted range of motion and positive impingement and supraspinatus testing. Medications were prescribed and chiropractic care was continued. He was referred for shockwave therapy for the thoracic spine and left shoulder one time per week for four weeks for each area. In terms of shock wave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of shock wave therapy for treating low back pain. Shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis and, additionally, the number of requested treatments is in excess of what would be recommended for the treatment of this condition. The request is not medically necessary for either of these reasons.