

Case Number:	CM15-0201231		
Date Assigned:	11/06/2015	Date of Injury:	12/03/2013
Decision Date:	12/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on 12-3-2013. He reported multiple injuries from a fall off a ladder. Diagnoses include cervical disc displacement, cervical radiculopathy, thoracic spine herniated nucleus pulposus, lumbar disc displacement, radiculitis, hip sprain-strain, left knee sprain, rule out left knee internal derangement, disorder of left ankle, respiratory difficulty. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. On 4-28-15, he had multiple complaints of ongoing pain and muscle spasms including the jaw, neck, left shoulder, ribs, low neck, with muscle spasms and radiation to left lower extremity. The physical examination documented multiple significant musculoskeletal findings and positive diagnostic testing results. The plan of care included shockwave therapy, three for the left shoulder and six for cervical and lumbar spines. On 5-28-15, the record documented no change in subjective and objective findings. It was not documented if shockwave therapy had been initiated and there was no documentation of efficacy of shockwave treatments. The plan of care included shockwave therapy to the left shoulder, cervical spine and lumbar spine. This review will address the appeal request to authorize three (3) shockwave therapy sessions for the left shoulder, six (6) shockwave therapy sessions for cervical and lumbar spine, and one pain management consultation. The Utilization Review dated 9-22-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of Shockwave Therapy for the Left Shoulder: 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 ODG, shoulder, Shock wave therapy.

Decision rationale: The patient presents with complaints of ongoing pain and muscle spasms including the jaw, neck, left shoulder, ribs, low neck with muscle spasms and radiation to the left lower extremity. The current request is for 3 sessions of Shockwave Therapy for the left shoulder. The treating physician states in the treating report dated 5/28/15 (656B), "The patient is to continue with the course of shock wave therapy, that is, up to 3 treatments for each affected body part. (Left Shoulder)." The treating physician previously stated in the treating report dated 4/23/15 (621B), "the patient is to undergo shockwave therapy." However, the clinical history offered no evidence that the patient has indeed completed any shockwave therapy to date. MTUS Guidelines do not address shockwave therapy. The ODG guidelines state that Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. In this case, there is no documentation provided in the reports reviewed to indicate that the patient has calcifying tendinitis. Additionally, the clinical history has not documented any rationale as to why this procedure is being recommended. The current request is not medically necessary.

6 sessions of Shockwave Therapy for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Extracorporeal shock wave therapy (ESWT); Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Shock wave therapy.

Decision rationale: The patient presents with complaints of ongoing pain and muscle spasms including the jaw, neck, left shoulder, ribs, low neck with muscle spasms and radiation to the left lower extremity. The current request is for 6 sessions of Shockwave Therapy for the cervical and lumbar spine. The treating physician states in the treating report dated 5/28/15 (656B), "The patient is to continue with the course of shock wave therapy, that is, up to 6 treatments for each affected body part. (C/S, L/S)." The treating physician previously stated in the treating report dated 4/23/15 (621B), "the patient is to undergo shockwave therapy." However, the clinical history offered no evidence that the patient has indeed completed any shockwave therapy to date. MTUS Guidelines do not discuss shock wave therapy. The ODG guidelines specific to Extracorporeal shockwave therapy for the cervical spine state, "Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain.

In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. ... Two small studies have been published for upper back or neck pain." In this study trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of radial shock wave without physical therapy need to be examined in further studies. In this case, the clinical history has not documented any rationale as to why this procedure is being recommended. The current requested treatment is not recommended for treating back pain. Thus, the current request is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative), 4/27/2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, Consultations.

Decision rationale: The patient presents with complaints of ongoing pain and muscle spasms including the jaw, neck, left shoulder, ribs, low neck with muscle spasms and radiation to the left lower extremity. The current request is for Pain Management Consultation. The treating physician states in the treating report dated 5/28/15 (656B), "The patient is referred to a pain management specialist for a consultation regarding epidural steroid injections for the cervical and lumbar spine." ACOEM guidelines state that the occupational health practitioner may refer to other specialists 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 consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consulting medical professional is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The current request is supported by the ACOEM guidelines for specialty referral. In this case, the treating physician feels that additional expertise may be required for consultation regarding epidural steroid injections for the cervical and lumbar spine. Therefore, the current request is medically necessary.