Case Number:	CM15-0220622		
Date Assigned:	11/13/2015	Date of Injury:	11/16/2007
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/09/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 50 year old male, who sustained an industrial injury on 11-16-07. The injured worker was being treated for status post left shoulder arthroscopy (2009), left shoulder calcific tendinitis-bursitis, cervical radiculopathy, and cervical spinal-paraspinal spasm. On 9-1-15 and 9-22-15, the injured worker's left shoulder pain is improving; reports improved range of motion and improved tolerance to a variety of activities involving the left shoulder following 2 sessions of shockwave therapy. He rates the pain 4 out of 10. Objective findings on 9-1-15 and 9-22-15 revealed tenderness of left shoulder with improved range of motion and tenderness of cervical spine with slightly restricted range of motion and spasm of left deltoid tie-in/cervical trapezius. Treatment to date has included extracorporeal shockwave treatments (with improvement in pain and functional abilities); oral medications including Tramadol 150mg and omeprazole; acupuncture (without evidence of functional improvement); epidural steroid injections (provided relief in radicular pain); home exercise program; and activity modifications. The treatment plan included request for 3 additional sessions of shockwave treatment, updated epidural injection, and continuation of acupuncture of cervical spine. On 10-7-15, the request for 3 additional sessions of shockwave treatment, updated epidural injection and continuation of acupuncture of cervical spine was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Extracorporeal shockwave therapy times 3, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the cited CA MTUS and ODG, extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis, but not for any other shoulder disorders. The criteria for use per the ODG are calcific tendinitis pain for greater than 6 months despite standard treatment and failure of at least 3 conservative treatments to include rest, ice, NSAIDs, orthotics, physical medicine, and cortisone injections. If indicated, a maximum of 3 sessions may be conducted over 3 weeks. According to the treating physician notes, the injured worker had met above criteria and underwent 3 sessions of ESWT for the left shoulder. The injured worker had overall improvement, but according to the cited guidelines, a maximum of 3 sessions is indicated in total. Thus, based on the available medical records and cited guidelines, additional extracorporeal shockwave therapy times 3, left shoulder, is not medically necessary and appropriate.

Acupuncture 2 times a week for 4 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Acupuncture; Acupuncture, Neck and Upper Back (Acute & Chronic).

Decision rationale: According the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, and can be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement is within 3 to 6 treatments, up to 1 to 3 times per week. The optimum duration advised is 1 to 2 months, and in addition, acupuncture treatments may be extended if functional improvement is documented. The cited ODG recommends acupuncture as an option for multiple specific body parts, with an initial trial of 3-4 visits over 2 weeks, followed by an additional 8-12 visits, but only if there is evidence of functional improvement. However, the ODG further states that acupuncture is not recommended for neck pain. Therefore, based on the cited guidelines and medical records available, the request for acupuncture 2 times a week for 4 weeks, cervical spine, is not medically necessary and appropriate.

Cervical spine epidural steroid injection (unspecified levels/laterality): 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): Epidural steroid injections (ESIs).

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The

injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminal level injection per session. In the case of this injured worker, he has a history of cervical radiculopathy with focal neurologic findings; however, the request for cervical ESI does not specify the levels and laterality. With improved documentation and specification of the ESI level/laterality, the request for a lumbar ESI would be reasonable. Thus, the request for cervical spine epidural steroid injection (unspecified levels/laterality) is not medically necessary and appropriate.