

Case Number:	CM15-0035261		
Date Assigned:	03/03/2015	Date of Injury:	02/28/2013
Decision Date:	04/08/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey
 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 38-year-old female who sustained an industrial related injury on 2/28/13. The injured worker had complaints of pain in the neck that radiated to the head, pain in the right shoulder that radiated to the right upper extremity, left shoulder pain that radiated to the left upper extremity, and right lower extremity pain with intermittent numbness. Diagnoses included varicose veins, cervical and lumbar spine sprain/strain, burns on the right leg and ankle, and right lower extremity with numbness and tingling. The treating physician requested authorization for 1 MRI of the lumbar spine and 1 ortho shock treatment to bilateral shoulders. On 2/15/15 the requests were non-certified. Regarding the MRI, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records do not display the presence of red flags, severe or progressive neurologic deficit, or any radiographic findings to warrant an MRI. Regarding ortho shock, the UR physician cited the Official Disability Guidelines, and noted the requested service was recommended for calcifying tendinitis but not for other shoulder disorders. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient evidence found in the documentation provided to warrant cervical MRI. There was no subjective or objective physical findings suggestive of any red flag diagnosis, decline in function, or any radiculopathy. Without more clear evidence of neurologic dysfunction, the MRI of the cervical spine will be considered medically unnecessary.

One ortho shock to the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESWT Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS Guidelines do not address extracorporeal shock wave therapy (ESWT) specifically as a treatment option for shoulder complaints. The ODG, however, addresses it and states that it may be recommended for calcifying tendinitis but not for other shoulder disorders, and has been shown to be equivalent or better than surgery. The criteria for use of ESWT includes: 1. Six months or more of pain related to calcifying tendinitis of the shoulder, 2. At least three conservative treatments have been performed prior (rest, ice, NSAIDs, orthotics, physical therapy, injections), 3. Contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, 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 four weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. Maximum of three therapy sessions over three weeks. In the case of this worker, there was insufficient evidence found in the documentation to show calcifying tendinosis of either the left or right shoulder to suggest shockwave therapy would be reasonable. Therefore, the request for Orthoshock to the bilateral shoulders will be considered medically unnecessary.