

<b>Case Number:</b>	CM14-0215710		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	02/02/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 29 year old male, who sustained a work related injury February 2, 2014, after a trip and fall hitting his back on a nearby rack. There was immediate pain in the neck, left shoulder, and lower back. He was treated with physical therapy, acupuncture, and injections for pain with temporary relief. Past medical history includes a diagnosis of asthma. An MRI of the cervical spine was performed September 30, 2014 and revealed at C5-C6 a 2.0 mm broad based central disc protrusion(< 2 mm flexion: 2.0 mm extension) effaces the thecal sac; mild discogenic spondylosis, C3-C6. An MRI of the lumbar spine dated September 30, 2014, revealed at L5-S1 a 3.8 mm broad based central disc protrusion (4.0 mm in flexion and extension) effaces the thecal sac, mild discogenic spondylosis, L5-S1 and straightening of the lumbar lordosis. AN MRI of the left shoulder performed September 30, 2014 revealed supraspinatus tendinosis and subacromial bursitis(all MRI's are present in case file). A primary treating physician's report dated October 3, 2014, reveals the injured worker with pain and tenderness to palpation at the suboccipital region and over both trapezius muscles. There is 2+ tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. There is 2+ tenderness to palpation at the lumbar paraspinal muscles, quadratus lumborum and at the lumbosacral junction. Treatment plan included; monitor oral medications, periodic UA toxicology, a course of shockwave therapy for each affected body part and physical therapy and acupuncture to affected body parts and Terocine Patches for pain relief. On October 3, 2014 a request for authorization is documented as extracorporeal shockwave therapy(ESWT) 1 x week for 6-12 weeks. A secondary physician pain management report dated October 22, 2014, reveals the injured worker presenting with

complaints of ongoing base of the neck pain rated 5/10, stiffness with radiation to both shoulders and both upper extremities to the hands with numbness, tingling and headaches. There is ongoing pain to the left shoulder 5/10, with popping clicking and grinding with motion. Pain increases with above the shoulder lifting and reaching. There is ongoing low back pain 5-6/10, and stiffness with radiation to both hips, buttocks and lower extremities to the feet with numbness, tingling and weakness. The pain increases with prolonged standing, walking, and sitting activities as well as lifting twisting, pushing, pulling, squatting, and stooping. He denies bladder, bowel, and sexual dysfunction but does complain of pain while urinating. On examination, there is a positive straight leg raise on the left with decreased sensation over L5 and S1 distributions. There is also decreased lumbar range of motion with localized tenderness and spasm. Diagnostic impression is documented as lumbar disc protrusion with radiculopathy. The treating physician recommends epidural steroid injections. According to utilization review performed December 9, 2014, the request for ESWT 1 x week for 6-12 weeks is non-certified. Documentation of at least three conservative treatments of rest, NSAID's, physical therapy, and steroid injections with outcomes need be present prior to use of ESWT. Citing Official Disability Guidelines(ODG), criteria has not been met as long term large volume studies have not been documented in the medical literature at large.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extracorporeal Shockwave Therapy (ESWT), once weekly for six to twelve weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173-175; 204; 299-301.

**Decision rationale:** This 29 year old male has complained of neck, left shoulder and low back pain since date of injury 2/2/14. He has been treated with physical therapy, acupuncture and injections. The current request is for extracorporeal shock wave therapy once per week for 6-12 weeks. Per the MTUS guidelines cited above, extracorporeal shock wave therapy is not recommended in the management of neck complaints, shoulder complaints or low back complaints. On the basis of the MTUS guidelines, Extracorporeal Shockwave Therapy is not indicated as medically necessary.