

<b>Case Number:</b>	CM15-0112436		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Maryland

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

### 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 46 year old female, who sustained an industrial injury on 8/29/14. The injured worker has complaints of neck pain and muscle spasms, greater on the right side; right shoulder pain radiating down the arm to the fingers, associated with muscle spasms; right elbow pain and muscle spasms; right wrist/hand pain and muscle spasms; mid back pain and muscle spasms and low back pain and muscle spasms. The documentation noted cervical spine examination revealed tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles and decreased range of motion. Right shoulder examination revealed tenderness to palpation at the infraspinatus and supraspinatus and tenderness to palpation at the acromioclavicular (AC) joint and subacromial space and decreased range of motion. Right shoulder examination revealed tenderness to palpation at the extensor muscle compartments and decreased range of motion. Right wrist/hand examination revealed tenderness at the carpal tunnel and the first dorsal extensor muscle compartment and decreased range of motion. Thoracic spine examination revealed palpable tenderness with spasms noted over the bilateral thoracic paraspinals and over the spinous process T1, T2, T3, T4 and T5 and decreased range of motion. The lumbar spine examination revealed bilateral lumbar paraspinal muscle guarding; the spinous processes L2-L5 are tender to palpation and decreased range of motion. The diagnoses have included cervical spine herniated nucleus pulposus (HNP); cervical spine radiculopathy and right shoulder sprain/strain rule out derangement. Treatment to date has included magnetic resonance imaging (MRI) of the right elbow on 11/8/14 showed common flexor tendon, tendinosis consistent with medial epicondylitis; tendinosis of triceps, radiohumeral

joint effusion and ulnohumeral joint effusion; magnetic resonance imaging (MRI) of the lumbar spine on 11/8/14 showed hemangioma at S1 (sacroiliac), Schmorl's node at L5-S1 (sacroiliac), straightening of the lumbar lordotic curvature and L4-L5 broad-based disc herniation abutting the thecal sac with concurrent hypertrophy facets and ligamentum flava; magnetic resonance imaging (MRI) of right wrist on 11/8/14 showed T2W increase signal adjacent to the tendons of extensor carpi radialis brevis and longus may reflect tenosynovitis, subchondral bone cyst in the lunate; magnetic resonance imaging (MRI) of the cervical spine on 11/8/14 showed disc desiccation at C2-C3 down to C6-C7; magnetic resonance imaging (MRI) of thoracic spine on 11/8/14 showed disc desiccation at T6-T7; magnetic resonance imaging (MRI) right shoulder on 11/8/14 showed acromion, flat, laterally down sloping, acromioclavicular joint osteoarthritis, supraspinatus, tendinosis, infraspinatus tendinosis; localized intense neurostimulation therapy; injections and medications. The request was for extracorporeal shock-wave therapy three times six to cervical, thoracic and lumbar spine.

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

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

**ESWT three times six to cervical, thoracic 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shock wave therapy- Low Back Chapter and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Number: 0649.

**Decision rationale:** ESWT three times six to cervical, thoracic and lumbar spine is not medically necessary per the MTUS guidelines, the ODG, and a review of other clinical care policy guidelines. The MTUS guidelines do not discuss ESWT for the cervical or lumbar spine. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ACOEM also states that limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. The ODG does not discuss ESWT for the cervical spine or ESWT for muscles or muscle spasm and states that shockwave therapy is not recommended for the lumbar spine. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT for low back pain or other musculoskeletal conditions (i.e. cervical spine). Due to the fact that ESWT is not recommended for the cervical, thoracic or lumbar spine and the patient does not have evidence of calcific shoulder tendinitis or plantar fasciitis the request for ESWT is not medically necessary.