

Case Number:	CM15-0176381		
Date Assigned:	09/17/2015	Date of Injury:	07/08/2011
Decision Date:	11/18/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old female, with a reported date of injury of 07-05-2011. The diagnoses include displacement of cervical intervertebral disc without myelopathy, impingement syndrome of the right shoulder, status post arthroscopic surgery of the right shoulder (failed), left shoulder internal derangement, cervicogenic headaches, cervical spine strain, and right shoulder strain. Treatments and evaluation to date have included right shoulder arthroscopy, topical pain medications, Tramadol (since at least 01-2015), Cyclobenzaprine (since at least 01-2015), and a stimulator (some relief). The diagnostic studies to date have included an MRI of the cervical spine on 03-06-2015 which showed desiccation at C4-5, C5-6, and C7-T1 and mild narrowing of the left lateral recess, desiccation at C6-7 with ventral narrowing of the thecal sac, and desiccation at T1-2 with mild narrowing of the lateral recesses bilaterally; an MRI of the left shoulder on 02-24-2015 which showed subchondral cyst of the superior aspect of the humeral head and tear of the supraspinatus tendon with fluid in the subacromial-subdeltoid bursa indicating a full-thickness tear; an MRI of the right shoulder on 02-18-2015 which showed a full thickness tear of the supraspinatus tendon with no fluid in the subacromial-subdeltoid bursa and intrasubstance tear, sprain, or tendonitis of the structure; post-operative computerized muscle and range of motion exam of the right shoulder on 11-17-2014; a urine drug test on 12-22-2014 with negative findings; and a urine drug test on 07-06-2015 with consistent findings. The progress report dated 08-06-2015 indicates that the injured worker complained of headache, cervical, bilateral shoulder pain. She rated her pain 7 out of 10 approximately 100% of the time. On 07-06-2015, the injured worker rated her current pain level 8 out of 10. The injured worker's

discomfort at its worst was rated 10 out of 10 and 7 out of 10 at its best. The objective findings include tenderness to palpation of the cervical, left cervical dorsal, upper thoracic, right cervical dorsal, left anterior shoulder, and right anterior shoulder; a well-healed post-surgical scar on the right shoulder; decreased cervical range of motion; decreased right shoulder range of motion; positive right shoulder impingement; and decreased left shoulder range of motion. The treatment plan included an orthopedic evaluation for the bilateral shoulders and cervical spine, Tramadol, one tablet twice a day for the management of pain as needed, and Cyclobenzaprine, at bedtime as needed for spasm. The injured worker was totally temporarily disabled for 45 days. The request for authorization was dated 08-06-2015. The treating physician requested four (4) shockwave therapy sessions, one (1) IF (Interferential) unit (indefinite use), orthopedic evaluation for the cervical spine and bilateral shoulders, Tramadol 50mg #60, and Cyclobenzaprine 10mg #30. On 08-14-2015, Utilization Review (UR) non-certified the request for four (4) shockwave therapy sessions, one (1) IF unit (indefinite use), orthopedic evaluation for the cervical spine and bilateral shoulders, Tramadol 50mg #60, and Cyclobenzaprine 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy sessions #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines, limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Shockwave therapy sessions #4 is not medically necessary.

IF Unit (indefinite use) #1: 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): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit

without interferential current stimulation is the recommended treatment by the MTUS.IF Unit (indefinite use) #1 is not medically necessary.

Orthopedic evaluation for the cervical spine and bilateral shoulders #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the ACOEM Guidelines, referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) Activity limitation for more than four months, plus existence of a surgical lesion. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion- Clear clinical and imaging evidence of a lesion that has been show to benefit, in both the short and long term, from surgical repair. In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Orthopedic evaluation for the cervical spine and bilateral shoulders #1 is not medically necessary.

Tramadol 50mg #60: 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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 7 months. Tramadol 50mg #60 is not medically necessary.

Cyclobenzaprine 10mg #30: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine 10mg #30 is not medically necessary.