

Case Number:	CM14-0072963		
Date Assigned:	07/18/2014	Date of Injury:	11/03/2013
Decision Date:	04/16/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 52 year old female injured worker suffered an industrial injury on 11/3/2013. The diagnoses were cervical and lumbar spine sprain/strain with myospasms and radiculopathies, bilateral shoulder tendon tears and bilateral wrist tendon tears. The diagnostic studies were cervical, lumbar, bilateral shoulder, and bilateral wrist/hands magnetic resonance imaging. The treatments were medications, acupuncture and physical therapy. The treating provider reported neck pain that is moderate to severe with radiation, numbness and tingling down the arms. The injured worker reported low back pain that was constant radiating down the legs. Also reported was persistent pain in the bilateral wrist /hands associated with numbness and tingling that is moderate to severe. On exam, there was limited range of motion to the cervical/ thoracic spine and upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Elbow Complaints; Extracorporeal Shockwave Therapy Page(s): 29.

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of “Extracorporeal Shockwave Therapy” for the treatment of lateral epicondylitis (LE). These studies did not demonstrate its benefit for the management LE. There is no studies supporting its use for neck, shoulder and wrist pain. There is a “Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder.” There is no documentation of left shoulder tendinitis in this case and there is no justification for the use of this procedure for wrist pain. Therefore, the prescription of Extracorporeal Shockwave Therapy (ESWT) 2 times a week for 6 weeks for Bilateral Wrist is not medically necessary. MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Elbow Complaints; Extracorporeal Shockwave Therapy, page(s) 29 : Extracorporeal Shockwave Therapy. Twelve articles were reviewed, 10 studies 82, 83, 84, 85, 86, 87, 88, 89, 90, 91 and two meta-analyses. 62, 92 Of the 10 studies, two were of high quality, five of intermediate quality and three of low quality. One of the high-quality studies 82 evaluated 60 subjects with symptoms for less than 1 year and more than 3 weeks, treating them with either active extracorporeal shockwave therapy (ESWT) with a simple stretching program (n = 31) or sham ESWT with a simple stretching program (n = 29). The authors concluded that "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis." 85 One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]." 62 The other review analyzed nine studies (the studies reviewed above) and concluded that "when data were pooled, most benefits were not statistically significant. No difference for participants early or late in the course of condition. 92 Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended]. There is no documentation of shoulders tendinitis in this case and there is no justification for the use of this procedure for bilateral shoulders.

Pain Management for cervical of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: “Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003).” There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management specialist for cervical and lumbar spine is not medically necessary.

Orthopedic Consultation for the neck, back, shoulders, and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rationale for the request for an office visit for orthopedic consultation. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Orthopedic Consultation for the neck, back, shoulders, and wrist is not medically necessary.