

Case Number:	CM13-0028436		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2002
Decision Date:	04/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 69-year-old male with a 5/25/02 date of injury. At the time (7/22/13) of request for authorization for shockwave therapy 1 x week x 12 weeks cervical and thoracic spine, there is documentation of subjective (neck, upper back, and lower back pain) and objective (positive foraminal compression, and diminished sensation over the right upper extremity) findings, current diagnoses (cervical spine strain and thoracic spine strain), and treatment to date (physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY 1 X WEEK X 12WEEKS CERVICAL AND THORACIC 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 TREATMENT IN WORKERS COMPENSATION, ONLINE EDITION CHAPTER: LUMBAR AND THORACIC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK-LUMBAR & THORACIC SHOCK WAVE THERAPY

Decision rationale: MTUS does not address the issue. ODG identifies that shock wave therapy is not recommended; that the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP; and in the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Therefore, based on guidelines and a review of the evidence, the request for shockwave therapy 1 x week x 12 weeks cervical and thoracic spine is not medically necessary.