

Case Number:	CM13-0040458		
Date Assigned:	12/20/2013	Date of Injury:	07/26/2013
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 35 year old female with a date of injury of 07/26/2013. The listed diagnoses per [REDACTED] dated 09/05/2013 are: 1. Sub-acute traumatic moderate repetitive cervical spine sprain/strain. 2. Sub-acute cervical spine pain 3. Sub-acute Right shoulder sprain/strain 4. Sub-acute Right wrist sprain/strain; r/o carpal tunnel syndrome/tenosynovitis 5. Anxiety, depress, stress 6. Nightly sleep disturbances. According to report dated 09/05/2013 by [REDACTED], patient presents with complaints of neck, low back, right shoulder, and right wrist pain. Patient also complains of nightly sleep disturbances, anxiety, depression and stress. Examination of the cervical spine shows slight-moderate spasticity and tenderness. Decrease in ROM by 20%, positive foraminal compression and distraction test. There was a noted discrepancy in sensory and reflex. Flexion and extension revealed pain and discomfort. Examination of the lumbar spine showed slight- moderate spasticity and tenderness with 25% decrease in ROM. Positive Braggard's and Lesegue's tests. Positive single leg rise bilaterally. Right shoulder examination revealed slight spasticity and tenderness, with decreased ROM by 10%. Positive Yergason and Aplay's scratch test. Examination of the right wrist showed slight swelling, slight to moderate tenderness with 10 decrease in ROM. Positive Phalen's, Prayer's and Finkelstein's test were noted. Treater requests 8 physiotherapy sessions, 8 acupuncture sessions, 8 chiropractic sessions, 6 shockwave therapy, referral to psych eval and "multiple MRI studies, as per body of the report."

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with complaints of neck, low back, right shoulder, and right wrist pain. Treater is requesting 6 shockwave therapy sessions for the lumbar spine. The MTUS and ACOEM guidelines do not specifically discuss Extracorporeal Shock Wave Therapy for treatment of the lumbar spine. However, ODG guidelines under low back Shock wave therapy states "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)." Shockwave therapy is not recommended for treating low back pain. The requested 6 shock wave therapy sessions are not medically necessary and recommendation is for denial.

Multiple magnetic resonance imaging (MRI) (body parts not listed): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178.

Decision rationale: The Physician Reviewer's decision rationale: Treater is requesting authorization "for multiple MRI studies, as per body of the report." Report dated 09/05/2013 states patient is complaining of neck, low back, right shoulder, and right wrist pain. ACOEM guidelines has the following criteria for ordering imaging studies: (pp177,178) "Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, and Clarification of the anatomy prior to an invasive procedure." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, the multiple body parts in question include the neck, low back, right shoulder and right wrist. Examination of these body parts dated 09/05/2013 do not show evidence of "unequivocal findings" or "emergence of red flag". In addition, consideration of surgery is currently not an option for this patient. The requested MRIs are not medically necessary and recommendation is for denial.