

Case Number:	CM13-0040461		
Date Assigned:	03/03/2014	Date of Injury:	11/01/2008
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery 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:

The claimant is 46 year old with an industrial injury on 11/1/08. The exam note from 9/27/13 demonstrates complaint of constant neck pain with radiation to the right upper extremity with numbness. Physical examination demonstrates lumbar tenderness and spasm upon palpation of the lumbar spine. A request was made for extracorporeal shockwave therapy (ESWT) for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRA SHOCK WAVE THERAPY (ESWT): 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), LOW BACK, SHOCK WAVE THERAPY

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, SHOCK WAVE THERAPY

Decision rationale: CA MTUS/ACOEM is silent on the issue of extracorporeal shock wave therapy (ESWT). ODG criteria does not address ESWT for neck conditions but does address low

back. It states that ESWT is not recommended for the low back secondary to lack of available evidence supporting effectiveness. Therefore the determination is for noncertification for ESWT.