

<b>Case Number:</b>	CM13-0045533		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and Rehabilitation 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 36-year-old female who reported a work-related injury on 02/14/2011, as a result of cumulative trauma to the cervical spine and lumbar spine. Clinical note dated 09/23/2013 reports the patient presented in clinic under the care of [REDACTED]. The provider document the patient was attending acupuncture with benefit and requested medication refills. The provider documented cervical spine tenderness upon palpation was noted with limited range of motion about the cervical and lumbar spine. The provider documented decreased sensation at the C6 dermatome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Shockwave Therapy of (C/S) Cervical Spine: 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) Shoulder Chapter.

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicates extracorporeal shockwave therapy is supported for patients with calcifying tendonitis. This intervention does not address her cervical pain complaints. Additionally, the clinical notes

failed to document the patient presented with significant objective findings of symptomatology to support continued active treatment modalities at this point in her treatment. As guidelines do not address nor support the requested intervention, specifically to the cervical spine, as well as the provider did not document duration or frequency of this intervention, the request for shockwave therapy for the cervical spine is not medically necessary or appropriate

**Vitalee #60:** 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) Pain Chapter.

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicates medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. The clinical notes failed to evidence the patient required mineral or vitamin supplements in support of the requested intervention. The provider failed to document a specific rationale for utilization of this medication in addition to the patient's remaining medication regimen. Furthermore, the clinical notes do not indicate the patient's reports of efficacy with utilization of Vitalee for her pain complaints. Given all the above, the request Vitalee #60 is not medically necessary or appropriate.