

Case Number:	CM13-0063484		
Date Assigned:	02/24/2014	Date of Injury:	05/26/2010
Decision Date:	06/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and 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 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 patient is a 44-year-old female with a date of injury of 05/26/2010. The listed diagnoses per [REDACTED] are brachial neuritis or radiculitis, lumbar disk protrusion, lumbar spondylosis, lumbar spinal stenosis, lumbar radiculopathy, idiopathic peripheral autonomic neuropathy and unspecified disorder of autonomic nervous system. According to report dated 11/08/2013 by [REDACTED], [REDACTED], the patient complains of constant neck pain that radiates to the upper extremities. The pain is rated 9-10/10. The patient also has constant low back pain that radiates down to the lower extremities rated as 9-10/10. The examination of the cervical spine revealed range of motion was flexion 30, extension 0, right rotation 50, left rotation 55, right lateral flexion 25, and lateral flexion 25. Range of motion for the lumbar spine was flexion 25, extension 0, right lateral flexion 5, and left lateral flexion 5. The provider recommends the patient undergo extracorporeal shock wave lithotripsy. Utilization review is dated 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE TO CERVICAL AND LUMBAR (2) X WEEK X (3) WEEKS: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting extracorporeal shock wave to the cervical and lumbar spine. The California MTUS and ACOEM Guidelines do not specifically discuss extracorporeal shock wave therapy. However, ODG Guidelines under low back shockwave therapy states "not recommended. The available evidence does not support the efficacy 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 extracorporeal shock wave to the cervical and lumbar spine for two to three weeks is not medically necessary and recommendation is for denial.