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| <b>Case Number:</b>   | CM13-0069101 |                              |            |
| <b>Date Assigned:</b> | 01/17/2014   | <b>Date of Injury:</b>       | 01/22/2013 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 12/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/20/2013 |

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a primary treating physician (PR-2) document dated 11/25/13 that states that the patient has upper and lower back pain. He complains of occasional numbness, tingling, and weakness traveling down his legs. He has less left wrist pain, which he states is mild. He does have occasional numbness and tingling in his left wrist that is worse when he wakes up. He notes that the pain of the left wrist is aggravated with lifting, gripping, and grasping. He notes weakness of the left hand. On examination he has normal gait. Inspection reveals normal lordosis. He has tenderness to palpation with spasms of the upper trapezius muscles bilaterally and the left rhomboid muscle. Range of motion of the cervical spine is limited secondary to pain. There is a negative compression. Inspection reveals no abnormal lordosis, kyphosis, or scoliosis. There is paraspinal muscle spasm and tenderness. There is spinous process tenderness from L4-to S1. There is no decreased sensation or motor deficit in either lower extremity. Range of motion of the lumbar spine is limited secondary to pain. There is a negative Straight Leg Raise. There is no inflammation. There is no tenderness to palpation. The range of motion of the left wrist is full. There is a positive Finkelstein's. There is a request for ESWT (extracorporeal shockwave therapy) for the cervical spine and levator scapula.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESWT TIMES 6 (3 FOR THE LEAVATOR SCAPULA AND 3 FOR THE CERVICAL SPINE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Number: 0649.

**Decision rationale:** ESWT (extracorporeal shockwave therapy) times 6 (3 for the levator scapula and 3 for the cervical spine) is not medically necessary per the MTUS guidelines. The MTUS guidelines do not discuss ESWT for the cervical or lumbar spine. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ACOEM also states that limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. The ODG does not discuss ESWT for the cervical spine or ESWT for muscles or muscle spasm. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT for low back pain or other musculoskeletal conditions (i.e. cervical spine). Due to the fact that ESWT is not recommended for the cervical or muscle spasm/pain and the patient does not have evidence of calcific shoulder tendinitis or plantar fasciitis, the request for ESWT (extracorporeal shockwave therapy) times 6 (3 for the levator scapula and 3 for the cervical spine) is not medically necessary.