

<b>Case Number:</b>	CM13-0071146		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Pain Management, 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:

This case involves a 56 year-old female with a 2/17/09 industrial injury claim. She has been diagnosed with neck sprain; brachial neuritis or radiculitis; lumbar sprain/strain; lumbar radiculitis; s/p left shoulder surgery Dec.2012; and left wrist sprain/strain. According to the 10/17/13 pain management report from [REDACTED], the patient presents with 3/10 frequent neck pain radiating to the left upper extremity with numbness and tingling; 3/10 frequent lower back pain that radiates down the left lower extremity; 3/10 occasional left shoulder pain, 2/10 occasional left hand pain. Without medications, pain is 5/10, with medications it is 1-2/10. The patient was using topical compounds and taking oral naproxen and omeprazole. The treatment plan included shockwave therapy for the cervical and lumbar spine, left shoulder and left wrist. On 12/4/13 UR denied the shockwave therapy request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) FOR CHRONIC PAIN AND MYOFASCIAL PAIN SYNDROME OF THE CERVICAL AND LUMBAR SPINE, LEFT SHOULDER, AND LEFT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Shoulder, Extracorporeal Shock Wave Therapy (ESWT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 203.

**Decision rationale:** According to the 10/17/13 pain management report from [REDACTED], the patient presents with 3/10 frequent neck pain radiating to the left upper extremity with numbness and tingling; 3/10 frequent lower back pain that radiates down the left lower extremity; 3/10 occasional left shoulder pain, 2/10 occasional left hand pain. The review is for "Extracorporeal Shock Wave Therapy (Eswt) For Chronic Pain and Dmyofascial Pain Syndrome of The Cervical and Lumbar Spine, Left Shoulder, And Left Wrist". MTUS/ACOEM mentions shockwave therapy for the shoulders, but not the cervical or lumbar spine. The ODG guidelines, specifically state shockwave therapy is not recommended for the spine. The request as written, includes the cervical and lumbar spines. The request is not medically necessary and appropriate.