

<b>Case Number:</b>	CM14-0008725		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 32-year-old female injured her neck, upper back, right shoulder and right wrist while at work on 08/07/2012. She has been suffering from moderate pain in her neck, right shoulder, arm and wrist. In addition, she has pain in her knees. Examinations showed limitation in range of motion of the neck, right shoulder wrist and knees. She is tender in the knees and right arm. A magnetic resonance imaging (MRI) of her neck showed disc disease, including diffuse disc protrusion. She has been treated with several medications, including, Gabapentin, Ibuprofen 800mg, L-Carnitine, Medrox patch, Norco, Prilosec, and Bupropion. In addition, she has had physical therapy, chiropractic care, and acupuncture without success. Her doctor diagnosed her neck problem as displacement of cervical intervertebral disc without myelopathy, and requested for six sessions of extracorporeal shockwave therapy (ESWT) lithotripsy, but this was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Extracorporeal Shockwave Therapy (ESWT) Lithotripsy 6 Sessions: 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), Shoulder Chapter (Updated 6/7/13), ESWT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (3rd Edition, 2011)

Official Disability Guidelines (ODG), Neck Chapter, Extracorporeal Shockwave Therapy (ESWT).

**Decision rationale:** Shockwave lithotripsy is the use of high-energy waves to break stones in the body like Kidney or gallbladder stones. It is not a recommended method of treating neck pain by either the MTUS guidelines, or the ACOEM Occupational Medicine Practice Guidelines 3rd Edition, 2011. The reviewer has already stated it is not recommended by the Official Disability Guidelines (ODG) for neck problems but for calcific tendonitis of the shoulder.