

Case Number:	CM14-0009675		
Date Assigned:	02/14/2014	Date of Injury:	01/14/2008
Decision Date:	07/14/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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 55-year-old male who has submitted a claim for thoracic spine pain associated with an industrial injury date of January 14, 2008. The patient complains of neck, back and bilateral shoulder pain described as constant, moderate, and sharp. Physical examination showed a positive compression test for the cervical spine; tenderness over the T2-T6 and L5-S1 spinous processes and paravertebral muscles; and a positive Kemp's test. The diagnoses were displacement of cervical intervertebral disc without myelopathy; cervical radiculopathy; cervical spine stenosis; bilateral neuroforaminal stenosis at C3-4, C4-5 and C6-7; disorders of bursae and tendons in bilateral shoulder region unspecified; and osteoarthritis, bilateral acromioclavicular. The treatment plan includes a request for extracorporeal shock wave therapy. The treatment to date has included oral and topical analgesics, muscle relaxants, of extracorporeal shockwave therapy (ESWT) for the bilateral shoulders, home exercise program, physical therapy and cervical spine injections. A utilization review from January 8, 2014 denied the retrospective request for one (1) ESWT, shockwave therapy, C-spine between because there are little high-quality medical studies supporting the use of ESWT for spinal conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT), SHOCKWAVE THERAPY, C-SPINE BETWEEN 7/25/2013 AND 7/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shockwave Therapy.

Decision rationale: According to the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies. The Official Disability Guidelines (ODG) states that shockwave therapy is not recommended. The available evidence does not support the effectiveness of extracorporeal shockwave therapy (ESWT) for treating low back pain (LBP). The CA MTUS and ODG are silent regarding ESWT to the cervical spine. A search for scientific literature failed to yield high-quality studies which addressed the efficacy and safety of application of ESWT to the cervical spine. There is no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for of extracorporeal shockwave therapy (ESWT), shockwave therapy, C-spine is not medically necessary.