

<b>Case Number:</b>	CM14-0114740		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 3/7/13. A utilization review determination dated 2/13/14 recommends non-certification of shockwave therapy and LINT. 2/2/14 medical report identifies pain in the neck, left shoulder, and low back. On exam, there is tenderness, limited ROM, positive cervical compression test, positive Neer's, decreased sensation in various dermatomes, and motor strength reported as 4/5 in all muscles of the upper and lower extremities. Recommendations included various medications, PT, acupuncture, shockwave therapy for the left shoulder and cervical and lumbar spine, psychology consultation, and pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy Other Medical Treatment Guideline or Medical Evidence: [http://www.aetna.com/cpb/medical/data/600\\_699/0649.html](http://www.aetna.com/cpb/medical/data/600_699/0649.html).

**Decision rationale:** Regarding the request for shockwave therapy for the cervical spine, California MTUS and ODG do not address the issue, although ODG does note that shockwave therapy is not recommended for the lumbar spine as the available evidence does not support its effectiveness. A search of the National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the cervical spine, and Aetna notes that it is experimental and investigational because there is insufficient evidence of effectiveness in the medical literature. Within the documentation available for review, there is no clear rationale for its use despite the absence of evidence-based support. In the absence of such documentation, the currently requested shockwave therapy for the cervical spine is not medically necessary.

**LINT tot he cervical spine, once a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 Page(s): 114,117 and 122.

**Decision rationale:** Regarding the request for LINT, California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Within the documentation available for review, no documentation was provided identifying that this treatment provides improved outcomes as compared to other evaluation/treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested LINT is not medically necessary.