

Case Number:	CM14-0126882		
Date Assigned:	08/13/2014	Date of Injury:	06/28/2000
Decision Date:	12/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 56-year-old male who sustained an injury on 6/28/00. He is being treated for cervical spine pain and bilateral carpal tunnel syndrome and he was most recently seen on 11/6/14, but all the handwritten reports were illegible to document any subjective or objective findings. MRI of the cervical spine revealed osteophytes and severe discogenic disease throughout his cervical spine. Electrodiagnostic study dated 10/10/13 revealed evidence of a moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components. Previous treatments have included physical therapy including manipulating therapy, injections, and medications. There were no current medications documented. He had an epidural injection to his neck on 6/13/14 and reported his pain reduced from 7-8/10 to 6-7/10 following the injection. He had two shockwave therapy treatments on 6/30/14 and 7/7/14 and reported that the pain reduced to 6/10 with shockwave therapy. Repeat epidural was recommended along with chiropractic care, PT, and shockwave therapy. He had completed 48 sessions of PT and as per the PT progress notes therapy has helped decrease pain and some symptoms have improved in terms of improved flexibility and decreased pain level. Diagnoses include cervical disc disease, cervical spine radiculopathy, and bilateral carpal tunnel syndrome. The request for Shockwave treatments for the cervical spine 1x6 and Physical Therapy sessions for the cervical spine 1x6 was denied on 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave treatments for the cervical spine 1x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),cervical spine

Decision rationale: Per Official Disability Guidelines, ESWT is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. Therefore, the request for Shockwave treatments for the cervical spine 1x6 is considered not medically necessary.

Physical Therapy sessions for the cervical spine 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injured worker has already received 48 sessions of physical therapy. Additional PT visits would exceed the guidelines recommendations. There is no evidence of presentation of any new injury / surgical intervention to warrant additional treatments. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request for Physical Therapy sessions for the cervical spine 1x6 is considered not medically necessary.