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| Case Number: | CM14-0165283 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 04/22/2011 |
| Decision Date: | 11/28/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 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:

According to the records made available for review, this is a 67-year-old female with a 4/22/11 date of injury. At the time (10/1/14) of request for authorization for Extra-corporeal shockwave therapy and Neurospine evaluation and internal med evaluation, there is documentation of subjective (neck and upper back pain) and objective (tenderness over the cervical paraspinals and bilateral trapezius) findings, current diagnoses (cervical disc protrusion and thoracic spine sprain/strain), and treatment to date (medications, physical therapy, acupuncture, epidural steroid injection, and previous extracorporeal shockwave therapy). Regarding neurospine and internal med evaluation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra-corporeal shockwave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Seco J, Kovacs FM, Urrutia G. The efficacy, safety, effectiveness, and cost-effectiveness of ultrasound and shock wave therapies for low back pain: A systematic review. Spine j. 2011;11(10):966-977

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, Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: MTUS and ODG do not address the issue, a search of the National Guideline Clearinghouse did not provide any guidelines addressing the issue, and an online search did not provide any articles/studies addressing the issue. Analogously, ODG identifies that the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP and that in the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Therefore, based on guidelines and a review of the evidence, the request for Extra-corporeal shockwave therapy is not medically necessary.

Neurospine Evaluation and Internal Medicine Evaluation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusion and thoracic spine sprain/strain. However, given no documentation of a rationale identifying the medical necessity of the requested evaluations, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Neurospine Evaluation and Internal Medicine Evaluation are not medically necessary and appropriate.