

Case Number:	CM14-0169539		
Date Assigned:	10/17/2014	Date of Injury:	05/03/2013
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Interventional Spine 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 69 year-old female with the date of injury of 05/03/2013. The patient presents with pain in her neck, low back and knees. The patient reports numbing or tingling sensations in her arms and legs. The patient rates her dull and achy pain as 2-5/10 on the pain scale. MRI of cervical spine from 03/11/2014 demonstrates focal disc protrusions at C3-C4, C4-C5, and C5-C6. MRI of the lumbar spine from 03/11/2014 demonstrates Grade II anterolisthesis of L5 over S1 and disc protrusion at L5-S1 with bilateral neural foraminal stenosis. MRI of the left knee from 04/10/2014 demonstrates tricompartmental osteoarthritis. According to [REDACTED] report on 07/16/2014, diagnostic impressions are: 1. Cervical radiculopathy 2. Lumbar radiculopathy 3. Bilateral knee internal derangement The utilization review determination being challenged is dated on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/04/2014 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (Extracorporeal Shockwave Therapy) for the lumbar, cervical spine and bilateral knees: 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): Knee Chapter, Extracorporeal Shockwave Therapy (ESWT) and Lumbar Chapter, Shockwave Therapy

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Shock wave therapy

Decision rationale: The patient presents with pain and weakness in her neck, lower back and knees bilaterally. The request is for ESWT (Extracorporeal Shockwave Therapy) for the lumbar spine, cervical spine and bilateral knees. MTUS guidelines do not discuss ESWT. ODG guidelines do not recommend ESWT for L-spine, neck or knees. ODG guidelines Lumbar chapter, do not recommend Shock wave therapy, stating "The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" ODG do not recommend ESWT, stating "There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002) (Aker, 1999) (Philadelphia, 2001)" ODG-TWC guidelines states, that ESWT for the knee is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. <http://www.odg-twc.com/odgtwc/knee.htm#ESWT>. Given the lack of the guidelines support for this treatment, this request is not medically necessary.