

Case Number:	CM14-0170306		
Date Assigned:	10/20/2014	Date of Injury:	10/25/2012
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This 50 year-old patient sustained an injury on 10/25/12 while employed by [REDACTED] Request(s) under consideration include Extracorporeal shockwave therapy (ESWT) 6 visits, 1x a week for 6 weeks to the thoracic spine. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. MRI of the thoracic spine dated 11/22/13 showed mild diffuse degenerative changes; normal alignment without compression fracture and 1 mm disc bulge at T3-4 and T11-12 without central canal or neural foraminal stenosis. Report of 8/25/14 from the provider noted the patient with ongoing constant neck and upper back pain along with low back pain and stiffness. Exam showed paravertebral muscle spasm bilaterally. Diagnosis was thoracic spine sprain. Treatment plan included chiropractic treatment, ECSWT for thoracic spine. The request(s) for Extracorporeal shockwave therapy (ESWT) 6 visits, 1x a week for 6 weeks to the thoracic spine was non-certified on 9/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) 6 visits, 1x a week for 6 weeks to the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), pages 112-113; Knee, Extracorporeal shock wave therapy (ESWT), page 303

Decision rationale: Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses of thoracic sprain. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Extracorporeal shockwave therapy (ESWT) 6 visits, 1x a week for 6 weeks to the thoracic spine is not medically necessary and appropriate.