

Case Number:	CM14-0027862		
Date Assigned:	06/16/2014	Date of Injury:	06/30/2008
Decision Date:	08/11/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 50 year old male whose date of injury is 6/30/08. The mechanism of injury is described as playing softball. Treatment to date is noted to include aquatic therapy, epidural steroid injections, chiropractic, fusion at L5-S1 and laminectomy at L3-4, cervical radiofrequency neurotomy, and medication management. A follow up note dated 11/26/13 indicates that the injured worker continues to complain of right upper trapezius and neck pain. Diagnoses are thoracic degenerative disc disease, thoracic neuritis, cervical degenerative disc disease and cervical neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE CERVICAL SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: Based on the clinical information provided, the request for extracorporeal shockwave therapy for the cervical spine is not recommended as medically necessary. There is

no support for extracorporeal shockwave therapy for the cervical spine in the Official Disability Guidelines. The Official Disability Guidelines address this modality for the elbow, shoulder, knee and ankle only. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. As such, the request is not medically necessary.