

Case Number:	CM14-0039521		
Date Assigned:	06/27/2014	Date of Injury:	06/18/2013
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 34 year old with an injury date of 6/18/13. Based on the 1/29/14 progress report provided by [REDACTED], the diagnoses include sprain of ligaments of the cervical spine; other cervical disc displacement; other intervertebral disc degeneration, lumbar region; sprain of ligaments of lumbar spine; radiculopathy, site unspecified. An exam on 2/13/14 showed "patient has difficulty moving his head to the left. C-spine: Tenderness to palpation along scalene muscles, more on left side. Mild tenderness to palpation along paraspinals. C-spine range of motion slightly limited, but especially left rotation at 45/80 degrees and left lateral flexion at 10/45 degrees. Sensation to pinprick/light touch slightly diminished over C5, C6, C7, C8, and T1 dermatomes in bilateral upper extremities. Patient not able to heel-toe walk. Not able to squat due to lower back pain. Tenderness to palpation along paraspinals of L-spine. L-spine range of motion moderately limited, particularly extension at 5/25 degrees. Slightly decreased sensation to pinprick/light touch at L4, L5, and S1 dermatomes bilaterally." [REDACTED] is requesting Urgent shockwave therapy x 6 treatments for the cervical and lumbar spine. The utilization review determination being challenged is dated 3/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/29/13 to 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Shockwave Therapy x6 treatments for the cervical and lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9823633>, and the Official Disability Guidelines Low Back (updated 02/13/14) 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).

Decision rationale: This patient presents with burning, radicular neck pain, and burning, radicular lower back pain. The treater has asked urgent shockwave therapy x 6 treatments for the cervical and lumbar spine but the request for authorization was not included in provided reports. The ODG discuss shockwave therapy in the foot/ankle and shoulder/arm chapters but not for the thoracic and lumbar regions. The ODG states electrotherapies for the neck and upper back are not recommended. In this case, the requested 6 sessions of shockwave therapy are not indicated. As such, the request is not medically necessary and appropriate.