

Case Number:	CM14-0048957		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2011
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker slipped and fell, landing on her back sustaining injuries to her neck, mid and lower back on April 25, 2011 while working as a housekeeper. She was subsequently prescribed pain medications, underwent x-rays and an magnetic resonance imaging (MRI), and received injections to her low back, acupuncture and physical therapy. Pain and muscle spasms in her neck, mid back and low back persisted. Her pain was aggravated by various positions, movements and activities of daily living. Physical examination on November 22, 2013 revealed less than normal range of motion of the cervical, thoracic and lumbar spine and less than normal strength of the upper and lower extremities due to pain. On November 22, 2013 she was considered temporarily totally disabled by the evaluating orthopedic surgeon. Her diagnoses included cervical spine sprain/strain, cervical radiculopathy, thoracic spine sprain/strain, lumbar spine HNP, and lumbar radiculopathy. She was prescribed medications, advised to continue shockwave therapy and was referred for a functional capacity evaluation to address the etiology of her continued symptoms to enable formulation of a definitive treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 shockwave therapy treatments to lumbar 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 : Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section : Low Back - Lumbar and Thoracic, Shockwave Therapy.

Decision rationale: Shockwave therapy is not recommended. The available evidence does not support the effectiveness of shockwave for the treatment of low back pain and is therefore not medically necessary.

1 functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: A functional capacity evaluation could be considered to determine functional limitations and work capability when the physical examination and history are not adequate to do so. There is however no good evidence to show that functional capacity evaluations reduce physical complaints or injuries. The reviewed medical records in this case indicate that the functional capacity evaluation was being requested to address the etiology of her symptoms and to enable formulation of a treatment plan. A functional capacity evaluation is not indicated for this purpose and is therefore not medically necessary.