

<b>Case Number:</b>	CM14-0081195		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Preventive 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 59 year old male who was injured at work on 08/22/2012. During a doctor visit on 04/14/2014, the injured worker complained of neck pain. Diagnosis sub acute post traumatic moderate repetitive cervical sprain/strain; Sub-acute traumatic moderate repetitive lumbar spine sprain/strain; Status post carpal tunnel release, right wrist; Status post trigger finger release, 3rd right digit; sub acute post traumatic moderate repetitive bilateral shoulder sprain/strain; sub acute post traumatic moderate repetitive wrist sprain/strain; Anxiety/Depression; Nightly sleep disturbances; Cervical radiculopathy versus peripheral neuropathy. Treatments have included physical therapy, chiropractic care, anti inflammatory medications; Extracorporeal shockwave therapy of unspecified part(s) of the body on 03/21/2014, 04/04/2014. The injured worker had the following tests: EMG of 02/18/2014 was abnormal, and with possibility of L4-L5 radiculopathy; NCV done on 03/10/2014 was positive for moderate bilateral carpal tunnel syndrome, right greater than left; left cubital syndrome. The EMG of right upper limb dated 03/11/2014 was positive for denervation possible for C5-C6 Radiculopathy. At request is the request for Extracorporeal shockwave therapy (ECSWT) 1 time a week for 6 weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (ECSWT) 1 time a week for 6 weeks for the cervical 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 chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The injured worker sustained a work related injury on 08/22/2012. The medical records provided indicate the diagnosis of sub-acute post traumatic moderate repetitive cervical sprain/strain; Sub-acute traumatic moderate repetitive lumbar spine sprain/strain; Status post carpal tunnel release, right wrist; Status post trigger finger release, 3rd right digit; sub-acute post traumatic moderate repetitive bilateral shoulder sprain/strain; sub-acute post traumatic moderate repetitive wrist sprain/strain; Anxiety/Depression; nightly sleep disturbances; Cervical radiculopathy versus peripheral neuropathy. Treatments have included physical therapy, chiropractic care, anti-inflammatory medications; Extracorporeal shockwave therapy of unspecified part(s) of the body on 03/21/2014 and 04/04/2014. The medical records provided for review do not indicate a medical necessity for extracorporeal shockwave therapy (ECSWT) 1 time a week for 6 weeks for the cervical spine. The MTUS does not recommend for Extracorporeal shockwave therapy (ECSWT) for the cervical spine as can be seen in the table summarizing treatment of Neck and Upper Back Complaints. This method of treatment is also is not recommended by the chronic pain guidelines.