

Case Number:	CM14-0189531		
Date Assigned:	11/20/2014	Date of Injury:	04/04/2014
Decision Date:	04/17/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male patient who sustained an industrial injury on 04/04/2014. A primary treating office visit dated 09/22/2014 reported subjective complaint of headaches. The patient complains of burning, radicular neck pain with muscle spasm; greater on the left side. His pain is described as constant, moderate to severe. The pain is rated a 6-7 out of 10 in intensity. The pain is noted aggravated by looking up, down, and side to side as well as by repetitive motion of the head and neck. The pain is associated with numbness and tingling of bilateral upper extremities. He also complains of burning left wrist pain and spasm. This pain is described as constant, and moderate to severe in nature. The pain is rated an 8 out of 10 in intensity and is aggravated with gripping, grasping, reaching, pulling and or lifting. He also complains of weakness, numbness, tingling pain radiating into hand and fingers. In addition, the patient has complaint of anxiety, insomnia and depression secondary to chronic pain. The patient states the symptoms do persist but medications offer some relief. Objective findings showed tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. There is also tenderness found with palpation over the carpal bones and over the thenar and hypothenar eminence. Sensation to light touch is slightly diminished over the C5-C8 and T1 dermatomes in the upper extremity. The following diagnoses are applied: headaches/cephalgia, cervical spine strain/sprain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, left wrist strain/sprain rule out derangement, anxiety disorder, mood disorder and sleep disorder. The plan of care involved continue with current medications, periodic urine screens, continue with course of physical therapy, neurologist referral, pending

psychology consultation, pending electric nerve conduction study and pending authorization for Terocine patch. The following medications are prescribed: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flexiril and Ketoprophen topical cream. Follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ESWT) to left wrist and cervical spine 1 x 6-12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter, ESWT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. Annals of Rehabilitation Medicine. 2012; 36 (5):665-674.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for diagnoses including chronic sprains of the neck and left wrist. In terms of shockwave therapy for myofascial pain, other conventional treatments such as use of TENS or trigger point injections are equally effective in providing pain relief and improved range of motion. Therefore, the requested shockwave therapy was not medically necessary.