

Case Number:	CM14-0189569		
Date Assigned:	11/20/2014	Date of Injury:	10/18/2012
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and epidural steroid injection therapy. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for extracorporeal shock wave therapy to the cervical and lumbar spines. Non-MTUS ODG Guidelines were invoked exclusively. The claims administrator stated that its decision was based on progress notes of October 7, 2014 and August 9, 2014. The applicant's attorney subsequently appealed. In September 18, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of back, elbow neck pain, highly variable, 3-10/10. Eight sessions of physical therapy, urine drug testing, chiropractic manipulative therapy, topical compounds, and a rather proscriptive 10-pound lifting limitation were endorsed. It did not appear that the applicant was working with said limitation in place. Electrodiagnostic testing of the bilateral lower extremities of June 12, 2014 was interpreted as normal. On July 28, 2014, the applicant reported ongoing complaints of neck, low back, and elbow pain. The applicant was off of work, on total temporary disability, the treating provider acknowledged. Epidural steroid injection therapy was seemingly sought, along with a new lumbar MRI. In a handwritten note dated October 7, 2014, the applicant was placed off of work, on total temporary disability. Twelve sessions of physical therapy, dietary supplements, and extracorporeal shock wave therapy were sought for ongoing complaints of neck and low back pain. The note was sparse, handwritten, and somewhat difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shockwave treatment (cervical/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 (ODG); Low Back, Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Shock Wave Therapy.

Decision rationale: Orthopedic shock wave treatment or extracorporeal shock wave therapy is a subset of therapeutic ultrasound which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is deemed "not recommended" in the chronic pain context present here. Similarly, ODG's Low Back Chapter, Shock Wave Therapy topic notes that extracorporeal shock wave therapy is likewise deemed "not recommended" and should be discouraged. The attending provider's handwritten progress note contained little-to-no narrative commentary and did not contain any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ODG positions on the article at issue. Therefore, the request is not medically necessary.