

Case Number:	CM14-0194504		
Date Assigned:	12/02/2014	Date of Injury:	02/13/2014
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 pain, mid back pain, and low back pain reportedly associated with an industrial injury of February 13, 2014. In a Utilization Review Report dated October 21, 2014, the claims administrator denied a request for extracorporeal shockwave therapy for the thoracic spine. The claims administrator stated that the applicant had previously undergone extracorporeal shockwave therapy on August 15, 2014 and September 16, 2014 for purported diagnosis of extracorporeal shockwave therapy for myofascial pain syndrome. The claims administrator stated that its decision was based on an October 14, 2014 RFA form. In an October 21, 2014 supplemental report, the attending provider stated that he was billing for a telephone encounter for the purpose of conducting conference with the Utilization Reviewer. On October 14, 2014, the applicant apparently received extracorporeal shockwave therapy for the thoracic spine for a reported diagnosis of myofascial pain syndrome of the same. On September 3, 2014, the applicant was placed on total temporary disability for six weeks, it was stated in one section of the note, while another section of the note stated that the applicant was given a 30-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. Twelve sessions of physical therapy and a functional capacity evaluation were sought for multifocal complaints of neck pain, mid back pain, sleep disturbance, depression, and plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra-Corporeal Shockwave Therapy one times six: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic, Physical Medicine topic Page(s): 123, 98. Decision based on Non-MTUS Citation ODG Low Back Chapter, Shockwave Therapy topic.

Decision rationale: Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. However, page 123 of the California MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" in the chronic pain context present here, while page 98 of the MTUS Chronic Pain Medical Treatment Guidelines takes the position that passive modalities such as the ESWT at issue should be employed "sparingly" during the chronic pain phase of a claim. ODG's Low Back Chapter Shockwave Therapy, furthermore, notes that shockwave therapy is deemed "not recommended." In this case, the applicant seemingly received the extracorporeal shockwave therapy at issue, despite the unfavorable MTUS and ODG position on the same. It does not appear that the previously performed ESWT was beneficial. The applicant seemingly remains off of work, on total temporary disability, despite having received extracorporeal shockwave therapy, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite prior extracorporeal shockwave therapy. Therefore, the request for extracorporeal shockwave therapy was not medically necessary.