

Case Number:	CM14-0195526		
Date Assigned:	12/03/2014	Date of Injury:	08/12/2011
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This 59 year old female sustained work related injuries on August 12, 2011. The mechanism of injury involved a fall from a ladder with injury to her cervical spine, lumbar spine, left shoulder and left hand. The injured worker was diagnosed and treated for cervical disc protrusion, lumbar disc protrusion, left sciatica, and left third digit sprain. Treatment included diagnostic studies, prescribed medications, corticosteroid injections, physical therapy, consultation, and follow up visits. Nerve conduction studies performed on June 19, 2014 revealed active left C5 radiculopathy, active bilateral S1 radiculopathy and evidence for a mild polyneuropathy. According to the treating provider notes dated September 17, 2014, objective findings revealed cervical and lumbar tenderness with decrease range of motion and muscle spasms. Left shoulder tenderness with impingement sign and left third finger tenderness with decrease flexion in range of motion. Treating physician progress report dated October 16, 2014, revealed decreased range of motion and spasms in the cervical and lumbar spine. The rest of the most recent clinical information dated October 16, 2014 was illegible. As of September 17, 2014, the injured worker remains out of work. The treating physician prescribed services for ortho shockwave for the cervical spine now under review. On October 24, 2014, Utilization Review (UR) evaluated the prescription for ortho shockwave for the cervical spine requested on October 17, 2014. Upon review of the clinical information, UR noncertified the request for ortho shockwave for the cervical spine, noting the lack of clinical evidence to substantiate the medical necessity in accordance with the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave 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 (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Shockwave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.anthem.com/medicalpolicies/policies/mp_pw_a050255.htm

Decision rationale: MTUS and ODG do not specifically address this issue. Medical Treatment Guideline identifies that shockwave therapy for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Ortho Shockwave for the cervical spine is not medically necessary.