

Case Number:	CM14-0196805		
Date Assigned:	12/04/2014	Date of Injury:	02/27/2014
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery 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:

Claimant with reported industrial injury on 2/27/14. Exam note from 10/8/14 demonstrates report of frequent and severe neck pain. Pain is reported as an 8 out of 10. Cervical spine exam demonstrates flexion of 50 degrees, extension of 50 degrees, lateral flexion to the left and right of 30 degrees, rotation to the left of 80 degrees and to the right at 70 degrees. Tenderness is noted to palpation over the upper trapezius, rhomboids, levator scapulae and suboccipital musculature bilaterally. Tenderness is also noted to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, gluteus and biceps femoris bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or

extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note of 10/8/14 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is for not medically necessary.

Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note of 10/8/14 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is for not medically necessary.

Shockwave Therapy Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Shock wave therapy.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of shockwave therapy for the neck. Alternative guidelines were sought. Per the ODG Low Back section, Shock Wave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." Therefore determination is for not medically necessary.