

Case Number:	CM14-0202936		
Date Assigned:	12/15/2014	Date of Injury:	04/06/2012
Decision Date:	03/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female was injured 4/6/12 sustaining cumulative trauma type injuries due to repetitive physical stress and strain of her job as a housekeeper with resulting moderate to severe, constant, burning, radicular neck pain, bilateral shoulder pain, bilateral elbow and wrist pain, mid-back pain, bilateral knee pain, foot pain, muscle spasms and stomach problems as well as headache. The pain intensity was 8/10 in all areas. The pain was aggravated by most activity. There was numbness and tingling of the bilateral upper extremities. She was experiencing depression, anxiety and sleep difficulties due to pain. Radiographs were negative for fractures. Physical exam of the cervical spine, shoulders, elbows, wrists, knees, feet and thoracic spine demonstrated tenderness on palpation and decreased range of motion. The injured worker subjective complaints correlate with objective findings. There were a total of 24 diagnoses involving the cervical spine, shoulders, elbow, wrists, thoracic spine, bilateral knees, feet along with headache, anxiety, mood and sleep disorders and stomach discomfort. The injured worker was continuing acupuncture treatments of all affected areas mentions 3 times per week for 6 weeks; shock wave therapy up to 8 treatments for cervical and thoracic spines. After 6 sessions the injured worker reported some improvement in pain. She had prior physical therapy for 3 months and returned to regular work and the pains recurred. In addition she has had manipulation and injections to the right shoulder but still experienced significant residual symptoms Medications included dicopanol, deprizine, fanatrex, synapryn, Tabradol. MRI's and radiographs of affected areas were done between 4/14 and 6/13. Her ability to perform activities of daily living and functional improvement were not clear. She is temporarily totally disabled. On

11/10/14 Utilization Review non-certified the request for shockwave therapy 6 sessions for cervical spine based on no documentation of myofascial pain syndrome in the trapezius muscle (as indicated in guidelines) rather a diagnoses of herniated disc, degenerative disc disease and radiculopathy were noted; the 6 sessions for the thoracic spine were non-certified based on the evidence not supporting the effectiveness of ultrasound shock wave for treating low back pain and thoracic pain. The guidelines addressed were ODG Low Back: Lumbar & Thoracic and the article "Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome" by Jong Hyun Jeon MD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 6 sessions Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back- Lumbar & Thoracic (updated 10/28/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain &* shock wave treatment

Decision rationale: According to the ODG guidelines, shock wave therapy is 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. In this case, the claimant had already received shock wave therapy. In addition, she received simultaneous chiropractor therapy, physiotherapy, acupuncture, localized stimulation and analgesics. Specific benefit derived from the use of shock treatment cannot be clearly defined. Based on the above guidelines, the request for additional shock therapy treatments for the lumbar spine is not medically necessary.

Shockwave Therapy 6 sessions Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3503942/?report=classic> The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome Jong Hyun Jeon, M.D., Yun Jae Jung, M.D., Ju Youn Lee, M.D., Ji Soo Choi, M.D., Jeong Hyeon Mun, M.D., Won Yong Park, M.D., Cheong Hoon Seo, M.D., and Ki Un Jang, M.D., Ph.D Oct 2012; 36(5): 665-674

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain and shock therapy

Decision rationale: According to the ODG guidelines, shock wave therapy is 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. In this case, the claimant had already received shock wave

therapy. In addition, she received simultaneous chiropractor therapy, physiotherapy, acupuncture, localized stimulation and analgesics. Specific benefit derived from the use of shock treatment cannot be clearly defined. Based on the above guidelines, the request for additional shock therapy treatments for the cervical spine is not medically necessary.