

Case Number:	CM14-0206133		
Date Assigned:	12/18/2014	Date of Injury:	06/14/2013
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 injured worker (IW) is a 58-year-old man with a date of injury of June 14, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar spine herniated nucleus pulposus (HNP) with radiculopathy; cervical spine HNP with radiculopathy; thoracic spine sprain and strain; worsening hypertension; weight gain; secondary sleep deprivation; and secondary stress. Pursuant to the most recent Primary Treating Physician's Progress Report (PR-2) dated September 9, 2014, the IW complains of constant neck pain stiffness that is sore and, achy with occasional pain and numbness to the bilateral upper extremities. Her complains of weakness. The upper trapezius and paravertebral muscles were tender to palpation with spasms. Cervical spine orthopedic tests were positive bilaterally. The treatment plan included chiropractic treatment X 6 office visits to the neck, acupuncture X 6 office visits, and EMG/NCV of the lumbar and cervical spine. The current request is for extracorporeal shock wave therapy to the neck. There is no discussion of for extracorporeal shock wave therapy in September 9, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Treatment Index, Current Edition (web), current year, Shoulder: Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, ESWT Other Medical Treatment Guideline or Medical Evidence:
http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the Aetna, Clinical Policy Bulletin - Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries, extracorporeal shock wave therapy for the neck is not medically necessary. Aetna considers extracorporeal shock wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least six months duration with calcium deposit of 1 cm or greater, and have failed to respond to appropriate conservative therapies (e.g. rest, ice and medications). ESWT is considered experimental and investigational for Achilles tendinitis, low back pain, rotator cuff tendinitis. In this case, the injured worker's working diagnoses are lumbar spine herniated disc with radiculopathy; cervical spine herniated disc with radiculopathy; thoracic spine sprain and strain; worsening hypertension, weight gain, secondary sleep deprivation, and secondary stress. In a September 9, 2014 progress note the treatment plan and recommendation discussed EMG/NCV of the lumbar and cervical spine, chiropractic treatment for the neck and back and acupuncture. There is no discussion of ESWT in September 9, 2014 progress note. The request for ESWT was made November 3, 2014. However, there was no documentation on or about that November 3, 2014 visit in the medical record to support ESWT. Consequently, absent clinical indications and or clinical rationale for ESWT along with documentation for ESWT, extracorporeal shock wave therapy for the neck is not medically necessary.