

Case Number:	CM14-0213436		
Date Assigned:	12/31/2014	Date of Injury:	02/20/2013
Decision Date:	04/22/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 38 year old female, who sustained an industrial injury on 2/20/13. She reported neck, left shoulder and lower back injury. The injured worker was diagnosed as having cervical spine pain, cervical spine sprain/strain, cervical spine multilevel disc displacement, cervical radiculopathy, left shoulder sprain/strain, left shoulder bursitis, low back pain, coccydynia, status post lumbar spine surgery, lumbar spine multilevel disc displacement, lumbar radiculopathy, bilateral knee pain, bilateral knee sprain/strain, anxiety disorder, mood disorder, sleep disorder and stress. Treatment has included physical therapy, acupuncture, oral medications, and lumbar spine surgery and activity restrictions. Currently, the injured worker complains of burning neck pain with muscle spasms, burning left shoulder pain, residual lumbar spine pain following surgery and burning bilateral knee pain. The injured worker states her symptoms persist, but the medications do offer temporary relief of pain. Physical exam noted tenderness to palpation at lateral aspects of occiput, tenderness to palpation at trapezius and levator scapula muscles with trigger points on left side, tenderness to palpation at paralumbar and quadratus lumborum muscles with a trigger point on the left and bilateral knee tenderness to palpation over the medial and lateral joints. The treatment plan consisted of physical therapy, acupuncture treatment, shockwave therapy, localized intense neurostimulation therapy, referral to orthopedic surgeon, x-rays, (EMG) Electromyogram/(NCV) Nerve Condition Velocity studies and (MRI) magnetic resonance imaging of right and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Extracorporeal Shockwave Therapy to the cervical (DOS) 10/29/14: 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) Chapter Neck, Shoulder, Web Edition; www.PubMed.gov.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The injured worker sustained a work related injury on 2/20/13. The medical records provided indicate the diagnosis of cervical spine pain, cervical spine sprain/strain, cervical spine multilevel disc displacement, cervical radiculopathy, left shoulder sprain/strain, left shoulder bursitis, low back pain, coccydynia, status post lumbar spine surgery, lumbar spine multilevel disc displacement, lumbar radiculopathy, bilateral knee pain, bilateral knee sprain/strain, anxiety disorder, mood disorder, sleep disorder and stress. Treatment has included physical therapy, acupuncture, oral medications, and lumbar spine surgery and activity restrictions. The medical records provided for review do not indicate a medical necessity for retrospective Extracorporeal Shockwave Therapy to the cervical (DOS) 10/29/14. Neither the MTUS nor the Official Disability Guideline recommends this as a treatment option for Cervical conditions. Therefore, the request is not medically necessary.