

Case Number:	CM14-0215037		
Date Assigned:	01/02/2015	Date of Injury:	02/08/2013
Decision Date:	05/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31-year-old male who sustained an industrial injury on 02/08/2013. Initially, he had pain in the neck, mid and low back as well as his elbows wrists and knees. Diagnoses include sprain/strain of the cervical, thoracic and lumbar spine and of the bilateral knees and right wrist; medial epicondylitis of the bilateral elbows; bilateral elbow effusion; left wrist DeQuervain's tenosynovitis; left wrist carpal tunnel syndrome; bilateral knee joint effusion and rule out bilateral knee internal derangement. Treatment to date has included medications, injections, acupuncture, chiropractics, physical therapy and extracorporeal shockwave therapy (ESWT). Diagnostics performed to date included x-rays, electrodiagnostic studies and MRIs. According to the progress report dated 9/23/14, the IW reported pain in the neck, mid and low back, the left wrist and bilateral elbows and knees, all rated from 5/10 to 8/10. He stated his medications give temporary relief and allow him to rest. A request was made for extracorporeal shockwave therapy (ESWT) for the cervical and lumbar spine for treatment of continuing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) 1 x 6-12 wks, cervical and lumbar 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/>.

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 Chapter, Shock wave therapy and Other Medical Treatment Guidelines Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ESWT for lumbar and cervical spine, California MTUS does not address the issue. ODG does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT for lumbar and cervical spine is not medically necessary.