

Case Number:	CM15-0000159		
Date Assigned:	01/09/2015	Date of Injury:	07/15/2003
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 45 year old male with a date of injury as 07/15/2003. The current diagnoses include cervical spine radiculopathy, cervical spine pain, r/o cervical disc displacement, status post lumbar fusion, lumbago, lumbar spine sprain/strain, r/o lumbar disc displacement, r/o radiculitis-lower extremity, hypertension, seizures, mood disorder, anxiety, sleep disorder, and stress. Previous treatments include medications, acupuncture, physical therapy, lumbar fusion, spinal cord simulator implantation, and prior shockwave therapy to the cervical and lumbar spine (per the utilization review). Primary treating physician's reports dated 08/28/2014 and 09/26/2014 and an agreed medical examination report dated 10/01/2014 were included in the documentation submitted for review. Report dated 09/26/2014 noted that the injured worker presented with complaints that included burning, radicular neck pain and muscle spasms. Pain is described as constant, moderate to severe, rated as 7 out of 10. The pain is associated with numbness/tingling of the bilateral upper extremities. Physical examination revealed tenderness to palpation along the cervical and lumbar paraspinal muscles, decreased range of motion in both the cervical and lumbar areas, decreased sensation in the cervical dermatomes, and decreased strength in the bilateral upper extremities due to pain. Straight leg raise were positive bilaterally. Examination of the lower extremities revealed decreased sensation and decreased strength. Treatment plan included use of medications, request for acupuncture and shockwave therapy. There was no provider rationale for the use of the shockwave therapy. The injured worker is on modified work restrictions. The utilization review performed on 12/23/2014 non-certified a prescription for extracorporeal shockwave therapy one time per week for 6-12

weeks based on the guidelines do not recommend shockwave therapy for treatment of low back pain. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy ESWT 1 time a week for 6-12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)& Shoulder chapter, Shock wave therapy

Decision rationale: The patient presents with burning, radicular neck pain and muscle spasms rated 7/10 and associated numbness and tingling to the bilateral upper extremities. Patient has no documented surgical history directed at this complaint. The request is for extracorporeal shock wave therapy ESWT 1 times a week for 6-12 weeks. Physical examination dated 09/26/14 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, decreased range of motion in all planes, especially bilateral flexion. Sensory examination notes decreased sensation to pinprick and light touch to the C5-T1 dermatomes in the bilateral upper extremities with associated loss of strength bilaterally. The patient is currently prescribed Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Diagnostic imaging pertinent to chief complaint was not included. Patient is currently not working. MTUS guidelines do not discuss ESWT. ODG guidelines do not recommend ESWT for L-spine, neck or knees. While ESWT is not discussed in the ODG Neck Chapter, ODG guidelines Lumbar chapter, do not recommend Shock wave therapy, stating "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." ODG guidelines further state "There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." The treater is requesting a series of ESWT treatments for the management of this patient's intractable chronic neck pain and cervical radicular symptoms, though guidelines do not support the use of this procedure for neck complaints. While this patient's injury and associated pain appear significant and to date have been unresponsive to conservative therapies, given lack of guideline support of ESWT for this body region the medical necessity cannot be substantiated. Therefore, this request IS NOT medically necessary.