

Case Number:	CM15-0008953		
Date Assigned:	01/26/2015	Date of Injury:	12/19/2010
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
 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 54-year-old female who reported an injury on 12/19/2010 due to an unspecified mechanism of injury. On 11/18/2014, she presented for a followup evaluation. She reported neck pain that radiated down to the bilateral upper extremities, accompanied by tingling frequently in the right upper extremity to the level of the hand and numbness at the bilateral level of the hands. She also reported low back pain that radiated into the bilateral lower extremities and difficulty swallowing and pressure in the neck. She rated her pain at a 7/10 with medications and a 9/10 without medications. A physical examination of the cervical spine showed spasm noted in the bilateral trapezius muscles and spinal vertebral tenderness in the bilateral paravertebral C5-T1 area. Range of motion was limited with flexion being 20 degrees, extension 10 degrees, and left rotation to 40 degrees and right rotation to 25 degrees. Range of motion of the cervical spine was moderately limited due to pain, and pain was significantly increased with flexion, extension, and rotation. Examination showed decreased sensation in the bilateral upper extremities and the affected dermatome was at the C5-7. Motor examination showed decreased strength in the extensor muscles bilaterally. She was diagnosed with chronic pain disorder, cervical disc degeneration, cervical radiculitis, chronic pain other, lumbar radiculitis, insomnia, and status post cervical fusion anterior. The treatment plan was for ESWT 1 time 6 - 12 weeks for the cervical spine. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT 1 x 6-12 weeks for cervical spine: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: The California ACOEM Guidelines indicate that ESWT would only be supported after documentation of failed conservative treatments for calcifying tendinitis of the shoulder. There is a lack of documentation indicating a clear rationale for the medical necessity of ESWT for the cervical spine. Also, the requested number of sessions would not be supported as 1 x 6 - 12 weeks is too vague, and is not a specific number being requested. Also, there is a lack of evidence showing that she has tried and failed all recommended conservative therapy options. Therefore, the request is not supported. As such, the request is not medically necessary.