MAXIMUS Federal Services

Case Number:	CM15-0008983		
Date Assigned:	01/28/2015	Date of Injury:	09/14/2013
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 42 year old female who suffered a work related injury on 09/14/13. Per the physician notes, she complains of constant neck and low back pain. The treatment plan consists of continued pain management evaluation, acupuncture, shock wave to the lumbar spine, EMG/NCV upper extremities, shock wave to the cervical spine, home exercise program, synovacin and dendracin. On 01/14/15 the Claims Administrator non-certified the shock wave to the cervical spine, citing ACOEM guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy x 3 sessions for the cervical spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): https//www/acoempracguides.org/Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 83.

Decision rationale: Although specific indication for shock wave therapy and the cervical spine is not mentioned in the guidelines, the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the claimant had also undergone numerous other conservative treatments that afford more sound and scientifically supported benefit for cervical pain. The request for shock was therapy is not medically necessary.