

<b>Case Number:</b>	CM15-0135613		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 (IW) is a 67-year-old female who sustained an industrial injury on 02/02/2011. Diagnoses/impressions include neural encroachment left L4-5 and L5-S1 with radiculopathy; protrusion of C5-6 with neural encroachment and radiculopathy; thoracic myofascial pain; and multiple tender trigger points in the cervical paraspinal muscles. Treatment to date has included medications, physical therapy, trigger point injections, ice application and activity modifications. According to the progress notes dated 6/4/15, the IW reported cervical pain with upper extremity symptoms, rated 9/10, refractory to trigger point injections, activity modifications, ice and NSAIDs. She also complained of thoracic pain, 5/10, and low back pain, 5/10, with lower extremity symptoms. She reported her neck and thoracic pain was decreased with recent physical therapy and her activity tolerance and range of motion was improved. On examination, there were multiple trigger points noted in the cervical paraspinal muscles and range of motion (ROM) was reduced in all planes. Sensation was diminished in the right C5 through C7 and left C6 and C7 dermatomes. The lumbar spine was tender to palpation and spasms were present in the lumbar paraspinal muscles. ROM was decreased. A request was made for five sessions of extracorporeal shock wave therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy x 5 sessions for the 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 (ODG), Neck and upper back chapter - Extracorporeal shock wave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, extracorporeal shock wave therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy times five to the cervical spine is not medically necessary. Shockwave therapy is not recommended for back pain. The evidence does not support the effectiveness of shockwave for treating back pain. The clinical use of these forms of treatment is not justified and should be discouraged. Two small studies for upper back or neck pain have been published. Shockwave therapy provided temporary relief of neck pain, but the effects of radial shockwave without physical therapy need to be examined. In this case, the injured worker's working diagnoses are neural encroachment left L4 - L5 and L5 - S1 with radiculopathy; protrusion C-5 - C6 with neural encroachment and radiculopathy; thoracic myofascial pain; and multiple tender trigger points, cervical paraspinal musculature. The date of injury is February 2, 2011. Request for authorization is dated June 24, 2015. According to a progress note dated June 4, 2015, the injured worker has subjective complaints of cervical spine pain and low back pain. Extracorporeal shock wave therapy to the cervical spine is not recommended. Consequently, absent guideline recommendations for extracorporeal shock wave therapy, extracorporeal shock wave therapy times five to the cervical spine is not medically necessary.