MAXIMUS Federal Services

Case Number:	CM15-0146415		
Date Assigned:	08/07/2015	Date of Injury:	07/22/2013
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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 (IW) is a 44-year-old male who sustained an industrial injury on 07/22/2013. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Cervical spine pain. Cervical disc displacement (herniated nucleus pulposus). Cervical spine degenerative disc disease. Pain in thoracic spine. Sprain of ligaments of thoracic spine. Thoracic spine kyphosis. Low back pain. Lumbar disc displacement (Herniated Nucleus pulposus). Treatment to date has included chiropractic care, acupuncture, injections to the affected body parts and prescribed medication intake. He had had diagnostic tests and Extracorporeal Shockwave Therapy (ECSWT) sessions. Currently, the injured worker complains of neck and muscle spasm pain that is described as an intermittent to frequent, mild, dull, achy pain rated as a 5-6 on a scale of 0-10. On exam, the worker s posture demonstrates anterior head carriage with a right lateral head tilt. The cervical spine has +2 tenderness to palpation at the sub occipital region, bilateral upper trapezius muscles and over the sternocleidomastoid and scalene muscles. He has limited active range of motion of the cervical spine. Sensory perceptions are intact over the C5 to T1 dermatomes in both arms. Myotomes in C5 through T1 are decreased secondary to pain. The thoracic spine also has limited range of motion and there is +2 tenderness to palpation over the spinous process T3-4 and 5. He has bilateral thoracic paraspinal muscle guarding. The lumbar spine has +2 tenderness in the sacro-tuberous ligaments. Lumbar paraspinal muscle guarding is present, and there is tenderness over the spinous process L3-L5. All ranges of motion in the lumbar spine are limited. Sitting straight leg raise is positive at 60 degrees. His medications include Deprizine, Dicopanol, Fanatrex,

Synapryn, and Tabradol, Cyclobenzaprine, and Ketoprofen cream. The treatment plan included oral and topical medications, shockwave therapy, and a transcutaneous electrical nerve stimulation (TENS) unit. A request for authorization was made for: Shockwave therapy, Cervical, Thoracic & Lumbar Spine, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, Cervical, Thoracic & Lumbar Spine, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and pg 82.

Decision rationale: 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. In this case, the claimant has undergone numerous other conservative measure with more evidence based support. Although, the claimant did not improved with those interventions, there is less evidence to support the use of shock wave for the neck or back. The request above is not medically necessary.