

Case Number:	CM15-0160821		
Date Assigned:	08/27/2015	Date of Injury:	09/27/2014
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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 is a 59 year old male, who sustained an industrial injury on 9-27-2014. He reported injuries to the head, neck, low back and right knee after being hit in the head. Diagnoses include cervical strain-sprain with radiculitis, thoracic strain-sprain with radiculitis, and depression. Treatments to date include activity modification, physical therapy, chiropractic therapy, and acupuncture treatments. Currently, he complained of neck, mid, upper and lower back and the right knee. On 7-31-15, the physical examination documented tenderness to the cervical, thoracic and lumbar spine regions. Straight leg raise test was positive bilaterally. The right knee was tenderness. The plan of care included a request for shockwave therapy, thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for thoracic 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, Low Back - Lumbar & Thoracic.

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 section, Extracorporeal shock wave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy thoracic 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. 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 cervical spine musculoligamentous sprain strain with radiculitis; thoracic spine musculoligamentous strain sprain, myofascial pain; and lumbar spine musculoligamentous sprain strain with radiculitis; right knee sprain strain; and diabetes mellitus, insomnia and oppression. Date of injury is September 27, 2014. According to the utilization review, the request for authorization and progress note date is May 8, 2015. According to the May 8, 2015 progress note, there is no request for extracorporeal shock wave therapy. According to the July 31, 2015 progress note, there is no request extracorporeal shock wave therapy. According to a February 13, 2015 request for authorization and a progress note with the same date, there is a request for extracorporeal shock wave therapy to the thoracic spine. However, there is no clinical indication or rationale for extracorporeal shock wave therapy to the thoracic spine. Additionally, the evidence does not support the effectiveness of shockwave for treating back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline nine recommendations for extracorporeal shock wave therapy to the back and no clinical indication or rationale for extracorporeal shock wave therapy to the thoracic spine, extracorporeal shock wave therapy thoracic spine is not medically necessary.