

<b>Case Number:</b>	CM15-0190824		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: California, Hawaii

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:

This is a 45-year-old female with a date of industrial injury 11-7-2011. The medical records indicated the injured worker (IW) was treated for post-concussion syndrome: cervical disc; left shoulder tendinitis with rotator cuff tear; right shoulder impingement and tendinosis; and lumbalgia. In the progress notes (7-24-15 and 7-28-15), the IW reported frequent moderate headaches and moderate neck pain, as well as bilateral shoulder pain and intermittent lower back pain. She complained of intermittent left hand pain described as numbness, which increased with gripping. Medications included topical anti-inflammatory compound cream, Protonix and Relafen. On examination (7-24-15 notes), there was tenderness to palpation with limited, painful range of motion and positive evaluation of the bilateral shoulders, lumbar spine and cervical spine. There was decreased sensation in the bilateral hands. The IW was on modified duty. Treatments included chiropractic therapy, medications and extracorporeal shockwave therapy (2 treatments). A Request for Authorization was received for extracorporeal shockwave therapy (ESWT) for the cervical spine once a week for six weeks. The Utilization Review on 9-8-15 non-certified the request for extracorporeal shockwave therapy (ESWT) for the cervical spine once a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (ESWT) for cervical once per week for 6 weeks:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Rehabil Med. 2012 Oct; 36 (5): 655-74. doi: 10.5535/arm.2012.36.5.665. Epub 2012 Oct 31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Shock wave therapy.

**Decision rationale:** The patient presents with diagnosis that include post concussion syndrome: Cervical Disc, L shoulder tendinitis with R/C tear; R shoulder impingement and tendinosis, both wrist S/S, Superimposed CTS, plantar fasciitis, achilies tendonitis, lumbalgia, sleep disorder, depressive disorder. Currently the patient complains of pain in the left shoulder, frequent, moderate headache; moderate neck pain described as tight and stabbing and moderate intermittent left hand pain with numbness. The current request is for Extracorporeal shockwave therapy (ESWT) for cervical once per week for 6 weeks. The treating physician states in the treating report dated 7/24/15 (46B), "Recom. Shockwave (ECSWT) Cx." The request for authorization dated 8/26/15 (63B) is more detailed and states, "Procedure Requested: Extracorporeal shockwave therapy (ESWT) for cervical 1 x week for 6 weeks." The MTUS Guidelines do not discuss shock wave therapy. The ODG guidelines specific to Extracorporeal shockwave therapy for the cervical back state, "Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged.... Two small studies have been published for upper back or neck pain. In this study, trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of radial shock wave without physical therapy need to be examined in further studies." In this case, it appears the patient is not active in physical therapy and has previously treated with extracorporeal shockwave therapy (ESWT) for cervical pain as noted in the treatment reports dated 8/27/15 (53B), 9/17/15 (56B). However, the clinical history failed to note the subjective and/or objective results of the prior ESWT treatments. The current request is not medically necessary.