

Case Number:	CM15-0193573		
Date Assigned:	10/07/2015	Date of Injury:	04/06/2011
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This is a 27-year-old male with a date of industrial injury 4-6-2011. The medical records indicated the injured worker (IW) was treated for cervical, thoracic, lumbar and left ankle sprain-strain. In the progress notes (8-14-15), the IW reported constant pain and stiffness in the neck, upper and mid back and constant pain in the low back and left ankle. On examination (8-14-15 notes), there was tenderness to palpation of the cervical, thoracic and lumbar paravertebral muscles, as well as the bilateral trapezii and the left medial malleolus. There was pain with Kemp's test, sitting straight leg raise, cervical compression and anterior and posterior drawer tests. Treatments included acupuncture, physical and chiropractic therapy. Medications were not listed. An MRI of the lumbar spine was performed 3-31-15, showing disc protrusions at L1-2, L4-5 and L5-S1, per the podiatric consult dated 6-5-15; a left ankle MRI was also performed on that date, showing partial ligament tears, tarsal sinus synovitis and peroneal tendonitis. The IW was not working. The treatment plan included diagnostic x-rays and shockwave therapy for the cervical, thoracic and lumbar spine and for the left ankle. A Request for Authorization was received for one x-ray of the thoracic spine, one x-ray of the lumbar spine and six sessions of shockwave therapy. The Utilization Review on 9-4-15 non-certified the request for one x-ray of the thoracic spine, one x-ray of the lumbar spine and six sessions of shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One X-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, x-rays of the thoracic spine are indicated for red flag symptoms or acute fracture. In this case, the claimant had paraspinal tenderness. There was no indication of tumor, infection or fracture. The request for thoracic x-rays is not medically necessary.

One X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, x-rays of the thoracic spine are indicated for red flag symptoms or acute fracture. The claimant has had a prior MRI of the lumbar spine. There is no suspicion for tumor, fracture or infection. The request for x-ray of the lumbar spine is not medically necessary.

Shockwave therapy 6 sessions: 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), Low Back-Lumbar & Thoracic (Acute & Chronic): Shock wave therapy.

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: According to the guidelines, shock wave is not indicated due to lack of evidence to support its effectiveness. In this case, the request was for shock wave to the neck and back. It is also experimental for chilles tendinopathy but may be used for plantar fasciitis for those that failed conservative management. The claimant does not have these diagnoses. The claimant has undergone physical therapy, which provides more proven benefit. The request for shockwave is not medically necessary.