

<b>Case Number:</b>	CM15-0025742		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 61 year old male sustained a work related injury on 12/04/2008. According to a partially illegible progress report dated 11/23/2014, the injured worker complained of lumbar and cervical pain, wrist/hand pain and headache. Diagnoses included carpal tunnel syndrome, anxiety/depression, headaches, insomnia, rule out cervical/spine radiculopathy and carpal tunnel syndrome. Plan of care included MRI of the cervical spine, pain management consultation and continue with home exercise. The injured worker was to return to modified work on 01/06/2015. On 01/31/2015, Utilization Review non-certified shockwave therapy. According to the Utilization Review Physician, Official Disability Guidelines and the National Guideline Clearinghouse failed to reveal evidence to support the use of shockwave therapy in the management of cervical spine pain. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 shockwave therapy:** 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, Shock Wave Therapy section.

**Decision rationale:** The MTUS Guidelines, ODG and National Guideline Clearinghouse do not address the use of shock wave therapy for the management of cervical spine pain. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. Medical necessity of this request has not been established. The request for 1 shockwave therapy is determined to not be medically necessary.