MAXIMUS Federal Services

Case Number:	CM14-0111337		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2010
Decision Date:	07/07/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 55-year-old male who sustained an industrial injury on 07/08/2010 when he was struck on the top, left side of the head by a heavy pipe. The injured worker underwent intensive monitoring and a left occipitoparietal craniotomy for a supratentorial and infratentorial epidural hematoma. The injured worker was diagnosed with traumatic head injury with residual cognitive disability, chronic headaches, dizziness, ocular bilateral pain, otalgia, cervicalgia and depression. The injured worker also has a medical history of hypertension. Treatment to date includes multiple diagnostic testing, surgery, multiple consultations, acupuncture therapy, physical therapy and medications. According to the primary treating physician's progress report on June 11, 2014, the injured worker continues to experience dizziness associated with nausea and blurred vision, hearing loss, headaches and neck pain. The injured worker rates his neck pain level at 8-9/10. The neck pain is associated with numbness and tingling of the bilateral upper extremities and caused by head and eye movement. Examination documented the pupils to be equal, round and reactive to light and accommodation. Hearing is decreased bilaterally and greater on the left. Romberg's test was negative with mild instability with the eyes closed. Tenderness to palpation at the occipital area, trapezius, paraspinal, scalene, splenius, sternocleidomastoid muscles with a trigger point noted at the levator scapula muscle was documented. Active range of motion was decreased in all planes with sensory, motor strength, deep tendon reflexes and vascular pulses of the bilateral upper extremities intact. Current medications are listed as Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. Treatment plan consists of ophthalmologist consultation, cervical spine Computed Tomography (CT) scan, psychological pain consultation, evaluation and bio-behavioral management and the current request for unknown session of shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown session of 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: Low back - Thoracic and lumbar: shock wave therapy.

Decision rationale: Shock wave therapy is not recommended. 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 patient has history of subdural hematoma and chronic headaches, dizziness, and neck pain. Shock wave therapy is not recommended. The request should not be authorized.