

Case Number:	CM15-0100440		
Date Assigned:	06/02/2015	Date of Injury:	01/07/1981
Decision Date:	06/30/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 53 year old female sustained an industrial injury on 1/7/81. She subsequently reported neck and shoulder pain. Diagnoses include herniated nucleus pulposus of the cervical spine, radicular pain in both arms and carpal tunnel syndrome. The injured worker continues to experience low back and bilateral hand pain. Upon examination, tenderness was noted over the C4-C5 and C5-C6 facet joints with a motor strength of 4/5 of the elbow extensors on the right side. Tinel's and Phalen's tests were both negative at the bilateral wrists. Deep tendon reflexes at the knee and ankle were 2 plus bilaterally. A request for one pain management consultation for facet blocks C4-5 and C5-6 bilaterally, and right L5-S1 facet blocks and 6 shockwave therapy sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pain management consultation for facet blocks C4-5 and C5-6 bilaterally, and right L5-S1 facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181; 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic) 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: Treatment request was modified for right lumbar facet with denial of cervical blocks. Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. There is no report for electrodiagnostic studies, MRI reports, or clinical findings to suggest facet arthropathy for this chronic injury with ongoing pain and unchanged functional status from previous history of surgery without change in medication profile or functional status. Submitted reports have no indication for failed conservative trial for diagnoses s/p cervical fusion, nor were there any clinical findings suggestive of facet arthrosis. Guidelines do not recommend cervical blocks at previous fusion sites as requested here. Criteria per Guidelines have not been met. The One pain management consultation for facet blocks C4-5 and C5-6 bilaterally, and right L5-S1 facet blocks is not medically necessary and appropriate.

6 shockwave therapy 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) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The 6 shockwave therapy sessions is not medically necessary and appropriate.