

Case Number:	CM15-0116743		
Date Assigned:	06/25/2015	Date of Injury:	05/03/2012
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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:

The injured worker is a 50-year-old male, who sustained an industrial injury on 5/3/2012. He reported pain in his neck, shoulders and low back due to a motor vehicle accident. Diagnoses have included thoracic spine sprain/strain, bilateral shoulder sprain/strain and other and unspecified disc disorder, cervical region. Treatment to date has included physical therapy, acupuncture, trigger point injections and medication. According to the progress report dated 5/4/2015, the injured worker complained of constant neck pain. He also complained of frequent pain in his thoracic spine. He complained of constant, bilateral shoulder pain. Objective findings revealed decreased range of motion of the cervical spine with tenderness over C5-C6 bilaterally associated with muscle spasms. There was decreased range of motion of the thoracic spine with tenderness. He also had decreased range of motion of both shoulders with tenderness over the acromioclavicular joint and in the bicipital groove bilaterally. Authorization was requested for electroshockwave therapy evaluation and treatment and somatosensory testing evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroshockwave therapy evaluation and treatment: 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) Shoulder, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: Report from the provider does not specify frequency or duration of ESWT or specific indication. 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 amenable to ECSW treatment for the listed diagnoses involving thoracic spine sprain/strain, bilateral shoulder sprain/strain and other and unspecified disc disorder, cervical region. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Electroshock wave therapy evaluation and treatment is not medically necessary and appropriate.

Somatosensory testing evaluation and treatment: 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 ODG, Head, Electrodiagnostic studies, EEG/SSEP, pages 200-201.

Decision rationale: SSEP is not a widely recognized or accepted study to rule out for brachial plexopathy due to its unreliability and technical difficulties related to patient's participation and operators' skills. Per Official Disability Guidelines for Neck and Shoulder treatments, SSEP is only recommended as a diagnostic option for unexplained myelopathy in unconscious spinal cord injury patients not identified here. It is not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. Fewer diagnostic SSEP studies are being performed now than in the pre-MRI era. Submitted reports have not demonstrated clear indication or clinical findings to support for the specialized diagnostic study. The Somatosensory testing evaluation and treatment is not medically necessary and appropriate.