

Case Number:	CM15-0121414		
Date Assigned:	07/02/2015	Date of Injury:	03/02/2015
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old man sustained an industrial injury on 3/2/2015. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, left shoulder sprain/strain rule out derangement, left elbow sprain/strain rule out derangement, left wrist sprain/strain rule out derangement, left hand pain, left thumb pain, low back pain, lumbar spine sprain/strain, rule out herniated nucleus pulposus, rule out lower extremity radiculitis, and rule out left inguinal hernia. Treatment has included oral and topical medications, shockwave therapy, and acupuncture. Physician notes dated 5/28/21015 show complaints of neck pain rated 8/10 with radiculopathy to the bilateral upper extremities; left shoulder pain rated 8/10 with muscle spasms; left elbow pain rated 6/10 with weakness, numbness, tingling, and pain radiating to the hands and fingers; left wrist pain rated 8/10 with muscle spasms, weakness, numbness, tingling, and pain radiating to the hand and thumb; left groin pain rated 4-5/10; and low back pain rated 8/10 with radiculopathy to the bilateral lower extremities. Recommendations include periodic urine drug screen, x-rays of the cervical spine, left shoulder , left elbow, left wrist, and lumbar spine; continue acupuncture; continue shockwave therapy; left inguinal region ultrasound; continue localized intense neurostimulation therapy; electromyogram/nerve conduction studies of the bilateral upper and lower extremities, Deprizine, Dicopanorl, Fanatrx, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy Low Back Only: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Integrated Treatment/Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal Shockwave Therapy Page(s): 29.

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of Extracorporeal Shockwave Therapy for the treatment of lateral epicondylitis (LE). These studies did not demonstrate its benefit for the management LE. There are no studies supporting its use for wrist pain. There is some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. There is no controlled studies supporting the use of Extracorporeal Shockwave therapy for chronic back and neck pain. Therefore, the prescription of Shock Wave Therapy Low Back Only is not medically necessary.