

Case Number:	CM15-0123110		
Date Assigned:	07/07/2015	Date of Injury:	07/22/2011
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 7/22/11. The injured worker has complaints of neck pain and low back pain radiating to the right thigh. The documentation noted that there was tenderness to the lumbar and decreased range of motion. The diagnoses have included cervical herniated nucleus pulposus (HNP); lumbar herniated nucleus pulposus (HNP) and myospasm and lumbar radiculopathy. Treatment to date has included electromyography of the lower extremities on 6/10/15 was abnormal characterized by a lumbosacral radiculopathy, acute and chronic in nature, primarily involving L5-S1 (sacroiliac), greater right-sided and nerve conduction velocity on 6/10/15 showed relevant findings were radicular as indicated on the electromyography examination. The request was for ortho shockwave for the cervical spine and transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines, ortho shockwave is not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Ortho shockwave for the cervical spine is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. The requesting physician did not specify whether the TENS unit was for trial or purchase. TENS unit is not medically necessary.