

Case Number:	CM15-0124444		
Date Assigned:	07/02/2015	Date of Injury:	11/19/2014
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old male, who sustained an industrial injury on 11/19/2014. Diagnoses include cervical spine radiculopathy, cervical spine pain, cervical disc displacement, thoracic spine pain, rule out thoracic spine herniated nucleus pulposus, low back pain, radiculitis lower extremity and lumbar disc displacement herniated nucleus pulposus. Treatment to date has included conservative care including medications (NSAIDs and muscle relaxants), activity modification and rest. Per the Initial Comprehensive Primary Treating Physician Report dated 3/26/2015, the injured worker reported with neck, mid back and low back complaints. Physical examination of the cervical spine revealed tenderness to palpation at the sub occipital and scalene muscles with decreased range of motion in all planes. Examination of the thoracic spine revealed palpable tenderness over the spinous processes T2-T5 with paraspinal muscle guarding and restricted range of motion in all planes. Examination of the lumbar spine revealed pain with heel-toe walking and he is able to squat 10% of normal due to pain. Ranges of motion of the lumbar spine are decreased in all planes. The plan of care included medications, diagnostics, physical therapy, acupuncture, functional capacity evaluation, shockwave therapy and Neurostimulation therapy. Authorization was requested for shockwave therapy x 6 treatments for the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy x 6 treatments cervical spine, thoracic spine and lumbar spine: 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), Shoulder - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy and Other Medical Treatment Guidelines Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. *Annals of Rehabilitation Medicine*. 2012;36 (5):665-674.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for pain throughout the spine. When seen, he was having radicular pain throughout the spine. Medications were providing temporary pain relief. There was decreased spinal range of motion with tenderness and muscle guarding. Cervical compression and Spurling's testing and straight leg raising and Braggard's testing in the lumbar spine were positive. There was decreased strength and sensation at nearly all levels. In terms of shockwave therapy for myofascial pain, other conventional treatments such as use of TENS or trigger point injections are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating back pain. The request was not medically necessary.

Localized intense neurostimulation therapy 1 x 6 Cervical, Thoracic, Lumbar spine:
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 - Neuromuscular electrical stimulators (NMES)<http://www.ncbi.nlm.nih.gov/pubmed/25054404>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Hyperstimulation analgesia.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for pain throughout the spine. When seen, he was having radicular pain throughout the spine. Medications were providing temporary pain relief. There was decreased spinal range of motion with tenderness and muscle guarding. Cervical compression and Spurling's testing and straight leg raising and Braggard's testing in the lumbar spine were positive. There was decreased strength and sensation at nearly all levels. Localized intensive neurostimulation (hyperstimulation) analgesia has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance

mapping of the back, and these limitations prevent their extensive utilization. The treatment is not recommended until there are higher quality studies. The request is not medically necessary.