

Case Number:	CM15-0127230		
Date Assigned:	07/13/2015	Date of Injury:	05/20/2011
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 44 year old female with an industrial injury dated 05/20/2011. Her diagnoses included cervical radiculopathy, cervical spine sprain/strain and insomnia. Prior treatment included extracorporeal shock wave treatment, acupuncture, chiropractic care and medication. She presented on 02/27/2015 (most recent progress note available) with complaints of neck pain described as dull and aching. The pain was rated as 7/10 without medications and 5/10 with medications. He complains of loss of sleep due to pain. Physical exam noted tenderness and myospasm palpable over bilateral paracervical muscles and bilateral trapezius muscles with decreased range of motion. Thoracic spine examination was normal. Lumbar spine examination was normal with full range of motion. Sensory examination was intact in the upper and lower extremities. Motor strength was normal. Medications included Tramadol, Naproxen, Cyclobenzaprine and Omeprazole. The requested treatment for follow up visit was authorized. The treatment request for review is for extracorporeal shockwave therapy one times 6 (cervical) and sleep study with consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1x6 Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy; 2. Three conservative therapies prior to ESWT have been tried prior; 3. No contraindications to therapy; 4. Maximum of 3 therapy sessions over 3 weeks. The ACOEM neck and upper back chapter does not recommend this as a treatment modality. The request does not meet ODG guidelines. Therefore, the request is not medically necessary.

Sleep Study with consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does have loss of sleep as reported in the clinical documentation. The loss of sleep does not seem to be due to a primary sleep disorder. Therefore, a sleep study with consult would not be warranted and the request is not medically necessary.