

Case Number:	CM15-0147950		
Date Assigned:	08/10/2015	Date of Injury:	09/10/2013
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

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 38 year old female, who sustained an industrial injury on 9/10/13. Medical record indicated the injured worker is undergoing treatment for cervical myofascial pain-trigger points, rule out cervical radiculopathy and thoracic myofascial pain. Treatment to date has included oral medications including Tramadol (facilitates improvement in pain and improvement to tolerance to activity), Cyclobenzaprine 10mg and omeprazole 20mg; chiropractic treatment (which facilitates diminution in pain and improved activity tolerance) and shockwave therapy. On 2-16-15 she reported cervical pain with right upper extremity symptoms rated 6 out of 10 and thoracic pain rated 6 out of 10. Currently on 7-20-15, the injured worker complains of cervical pain with right upper extremity symptoms rated 8 out of 10, increased myofascial pain component-trigger points in cervical paraspinal region and thoracic pain rated 5 out of 10. Objective findings on 2-16-15 and on 7-20-15 revealed tenderness of cervical spine with decreased range of motion, multiple tender trigger points of cervical paraspinal musculature and cervical trapezius, tenderness of thoracic spine and thoracic paraspinal musculature. The treatment plan included continued request for shockwave therapy 5 sessions and additional chiropractic treatment 2 times a week for 4 weeks. On 7-22-15, utilization review non-certified request for extracorporeal shock wave therapy for the cervical spine noting it is not recommended for back pain and non-certified additional chiropractic treatment for the cervical and thoracic spine 2 times a week for 4 weeks; noting she previously had an unknown number of sessions of chiropractic therapy and should be progressed to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy x 5 to the cervical 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, 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) low back chapter and pg 82.

Decision rationale: The guidelines do not comment on the neck but for the back: The available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the claimant has received medications, TENS, prior shock therapy and manipulation. There is no indication that shock wave provided sustained benefit. The 5 sessions is not based on any particular guideline or evidence based protocol. The request is not medically necessary.

Additional chiropractic treatment 2 x 4 for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. The claimant had undergone over 18 sessions of chiropractor therapy in the past year along with unknown amount of physical therapy. Progress notes were no provided. An additional 8 sessions exceeds the guidelines limit and is not medically necessary.