

Case Number:	CM15-0060704		
Date Assigned:	04/06/2015	Date of Injury:	02/16/2011
Decision Date:	06/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 58-year-old woman sustained an industrial injury on 2/16/2011. The mechanism of injury is not detailed. Diagnoses include cervical sprain/strain, cervical myospasm, lumbar sprain/strain, lumbar spine herniated nucleus pulposus, lumbar and myospasm. Treatment has included oral medications. Physician notes on a PR-2 dated 1/29/2015 show complaints of neck pain rated 2-3/10, low back pain rated 5-8/10, and bilateral lower extremity pain with left thigh numbness and tingling. Recommendations include physical therapy, cervical spine shockwave therapy, orthopedic consultation, pain management consultation, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for six weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

Decision rationale: Guidelines support physical medicine in which a trial of six visits is deemed appropriate to determine if objective function improvement can be obtained with an allowance for decrease in frequency, supporting 8-10 sessions over 4 weeks. In this case, there is no documentation describing the number of previous physical therapy visits rendered to this patient thus far, when the patient last obtained PT as well as no information describing specific signs of objective function improvement to establish the medical necessity for continued physical therapy. Therefore, the request is not medically necessary.

Shockwave treatment for 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 (ODG).

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

Decision rationale: Guidelines do not support the use of extracorporeal shock wave therapy in treatment to the cervical spine with only two conditions and body parts supporting the medical necessity for the use of ESWT, the shoulder and plantar fascia. In this case, there is no documentation provided describing the number and frequency of visits nor is there documentation of medical necessity for ESWT treatment to the cervical spine. The request for ESWT for the cervical spine is not medically appropriate and necessary.