

<b>Case Number:</b>	CM15-0066205		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 64 year old male, who sustained an industrial injury on 10/11/13. He reported a head injury. The injured worker was diagnosed as having post traumatic cephalgia, degenerative disc disease of cervical and thoracic spine. Treatment to date has included oral medications, physical therapy, acupuncture and activity restrictions. Currently, the injured worker complains of constant headaches with associated nausea and dizziness and also complains of neck pain with associated bilateral shoulder pain. Physical exam noted tenderness of neck, trapezius musculature and upper with decreased range of motion due to pain. The treatment plan included (MRI) magnetic resonance imaging of cervical and thoracic spine and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Extracorporeal Shockwave Therapy (unspecified frequency and duration): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Extracorporeal Shockwave Therapy (ESWT); Ankle & Foot chapter; Shoulder chapter.

**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, Shock Wave Therapy section.

**Decision rationale:** The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the cervical and thoracic spine. The ODG does not recommend the use of shock wave therapy except for specific conditions such as calcifying tendinitis of the shoulder. The available evidence does not support the effectiveness of ultrasound or shock wave for treating the cervical or thoracic spine. The request for Retro Extracorporeal Shockwave Therapy (unspecified frequency and duration) is considered to not be medically necessary.