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| Case Number: | CM15-0091456 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 03/31/2014 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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 38 year old male, who sustained an industrial injury on 3/31/14. The injured worker has complaints of moderate achy neck pain, upper/mid back pain, low back pain, right shoulder pain, left shoulder pain, right wrist pain and left wrist pain. The documentation noted that there is tenderness to palpation of the bilateral trapeze, cervical paravertebral muscles and suboccipitals and muscle spasms of the cervical paravertebral muscles spurlings are negative at the cervical spine. There is tenderness to palpation of the bilateral S1 (sacroiliac) joints and lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles straight leg raise is positive bilaterally. The diagnoses have included cervical sprain/strain; thoracic sprain/strain and lumbar myospasm and lumbar sprain/strain. Treatment to date has included electromyography/nerve conduction velocity of the bilateral lower extremities showed bilateral L5 labro sacro radiculopathy; cyclobenzaprine and gabapentin; acupuncture; physical therapy; ultrasound and activity modifications as well as failure of non-steroidal anti-inflammatory drugs (NSAIDs). The request was for 6 sessions of extracorporeal shockwave therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Of Extracorporeal Shockwave Therapy 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
WWW.aetna.com/cpb/medical/data/600_699/0649.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Shockwave therapy is not recommended for cervical neck pain and therefore the request is not certified.