

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0017612	Date of Injury:	10/15/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/01/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38-year-old male who reported an injury on 10/15/2012 after a coworker fell approximately 18 feet off a ladder, directly on top of the patient. The patient presented to the emergency room; at which time, a thoracic spinal fracture was identified by a CT scan. Treatment recommendations included a Jewett brace and surgical consultation. The patient also underwent chiropractic care, physical therapy and acupuncture. The patient underwent an MRI of the lumbosacral spine on 01/04/2013 that revealed that there was no evidence of fracture; the paravertebral musculature was unremarkable. The patient had ongoing neck pain rated at an 8/10 to 9/10. Physical findings included a 25% reduction in range of motion. The patient's diagnoses included cervicalgia. The patient's treatment plan included extracorporeal shockwave therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. 6 Extracorporeal Shockwave Therapy Sessions for the Cervical Spine between 6/25/13 and 9/27/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Low Back – Lumbar & Thoracic (Acute & Chronic) section, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines Neck and Upper Back Chapter, section on Shock Wave Therapy.

The Physician Reviewer's decision rationale:

The employee does have continuing neck pain complaints. The Official Disability Guidelines do not recommend this type of treatment for back pain. However, the clinical documentation submitted for review does provide evidence that the employee has already undergone a total of 12 sessions of this type of therapy. The clinical documentation submitted for review does not provide evidence of significant objective functional gains to support the efficacy of this treatment. Therefore, the need to continue this treatment modality is not established. **The request for 6 Extracorporeal Shockwave Therapy Sessions for the Cervical Spine between 06/25/2013 and 09/27/2013 is not medically necessary and appropriate.**

/MCC

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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