

<b>Case Number:</b>	CM13-0006666		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	11/16/2000
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured in a work related accident on November 16, 2000. The clinical records for review indicate ongoing complaints of low back pain for which a recent May 5, 2013 progress report gave subjective complaints of low back pain and a physical examination showing positive "trigger areas", lumbar tenderness to palpation, diminished strength against resistance and an antalgic slow gait pattern. The claimant was diagnosed with multilevel disc degeneration. Treatment at that time was for six shockwave therapy sessions for the claimant's low back as well as right shoulder which was with a diagnosis of impingement and SLAP tear. There was also a request for continued medications in the form of diclofenac and hydrocodone. The claimant is noted to be status post a prior two level L4 through S1 interbody fusion with subsequent hardware removal since time of operative process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 SESSIONS OF SHOCKWAVE THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Disorders Page(s): 33-40 and 79-81..

**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-Shock wave therapy.

**Decision rationale:** California MTUS Guidelines are silent regarding the use of shockwave therapy for the lumbar spine. When looking at Official Disability Guideline criteria, shockwave therapy is not recommended with evidence not supporting its efficacy or benefit in the long term treatment of acute or chronic low back conditions. It specifically indicates that use of this form of modality is not justified and should be discouraged. The request for 6 sessions of shockwave therapy is not medically necessary.

**HYDROCODONE/APAP MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** MTUS Guidelines would also not support the role of continued use of short acting narcotic analgesics in the form of hydrocodone. The clinical records fail to demonstrate significant benefit or long term improvement from current use of the agent. Given the claimant's current clinical presentation, the specific request for continued use of this narcotic analgesic without documented support is not medically necessary.