

Case Number:	CM13-0011405		
Date Assigned:	09/20/2013	Date of Injury:	02/24/2012
Decision Date:	02/05/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/14/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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. 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 patient is a 63-year-old male who reported a work related injury on 02/24/2012, specific mechanism of injury not stated. The patient subsequently is status post micro discectomy at the L1-2, L3-4, L4-5, and L5-S1 and neurolysis of decompression of L1, L2, L3, L4, and L5 as of 09/05/2013 under the care of [REDACTED]. The most recent physical exam of the patient stated prior to surgical interventions performed in September, the clinical note dated 09/04/2013 reports the patient was seen for preoperative clearance. The provider documents the patient is obese, an active cigarette smoker, and continues to present with complaints of lumbar spine pain radiating down the bilateral lower extremities. The provider documented upon physical exam of the patient, the patient had normal motor strength throughout the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy, QTY: 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Shock wave therapy

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence physical exam findings status postoperatively for this patient. It is unclear what the patient's course of treatment has been since surgical interventions performed in 09/2013 to the patient's lumbar spine. California MTUS/ACOEM Guidelines do not specifically address shockwave therapy; however, Official Disability Guidelines indicate it is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. Given all of the above, the request for extra corporeal shockwave therapy for 6 visits is not medically necessary or appropriate.