

Case Number:	CM13-0014596		
Date Assigned:	10/07/2013	Date of Injury:	09/19/2005
Decision Date:	01/24/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 73 year old male who reported an injury on 09/19/2005. The mechanism of injury was described by the patient as he was lifting and transferring part of a motor home he struck his left knee on the table which resulted in a strain to his back while supporting the weight of the motor home. The patient complained of pain to his back. The clinical documentation dated 07/19/2012 stated that the patient complained of intermittent pain to the cervical spine at a 7/10 with stiffness and tightness that increases with range of motion. The patient also complained of constant pain to his lumbar spine at a 7/10 with radiating pain to the left lower extremity with numbness, tingling and weakness. The patient was treated with medication and a home exercise program. The clinical documentation dated 07/01/13 stated the patient complained of pain to the neck at 6/10 with radiation to the left upper extremity as well as numbness and tingling. The patient complained of intermittent low back pain at 6/10 with pressure but denies any radiating pain. The clinical documentation stated he continued with his home exercise program and medication. The clinical documentation dated 08/05/2013 stated that the patient complained of neck pain at 7/10 as well as constant mid-back pain at 8/10. The patient also complained of constant low-back pain at 8/10 with radiation to the bilateral lower extremities, left worse than right. The physical examination the patient had iliopsoas weakness and quadriceps weakness. The patient has 4+ hamstring tightness and weakness throughout his lower extremities. The patient's current diagnoses include status post left knee scope, herniated nucleus pulposus C4/5, C5/6, C6/7, herniated nucleus polposus L4/5 and L5/S1, hypertension secondary to injury, left lower extremity radiculitis, lumbar spine myofascial syndrome and multilevel disc degeneration and inflammation with a protrusion and stenosis at L2/3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy, lumbar spine x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Shockwave therapy.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS ACOEM does not address the submitted request. Official Disability Guidelines do not recommended shockwave therapy. As the clinical documentation submitted for review indicates, the patient continues to have subjective pain to his back radiating to his lower extremities, neck pain radiating to his upper extremities and had documented herniation with MRIs, the guidelines indicate no available evidence to support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. As such, the request is non-certified.