

Case Number:	CM13-0016024		
Date Assigned:	03/26/2014	Date of Injury:	01/01/2007
Decision Date:	05/12/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational Medicine, 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; CT imaging of the left shoulder of January 19, 2012, notable for acromioclavicular arthritis and subchondral cyst formation; electrodiagnostic testing of August 4, 2012, notable for an L5-S1 radiculopathy superimposed on a diabetic polyneuropathy; and extensive periods of time off of work. In a Utilization Review Report of August 2, 2013, the claims administrator denied a request for six sessions of extracorporeal shockwave therapy. The applicant's attorney subsequently appealed. In a July 20, 2013 progress note, the applicant's primary treating provider notes that the applicant should be afforded six sessions of extracorporeal shock wave therapy to the lumbar spine to help improve range of motion. The applicant was described as reporting 9/10 low back pain. The applicant's work status was not detailed on this visit; however, all information on file suggested that the applicant is not working. The progress note was quite sparse and did not contain much in the way of narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT), 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) does not specifically discuss the topic of extracorporeal shock wave therapy for the lumbar spine, ESWT is considered a form of ultrasound. Page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" as there is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating individuals with a range of musculoskeletal injuries. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize and encourage active therapy and active modalities during the chronic pain phase of an injury. The proposed extracorporeal shock wave therapy represents a passive modality which, it is further noted, has been deemed not recommended in the Official Disability Guidelines (ODG) Low Back Chapter Shock wave Therapy topic, which notes that the available evidence does not support the effectiveness of shock wave therapy for treating low back pain. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary along with the request for authorization or the application for Independent Medical Review so as to offset the unfavorable MTUS and ODG recommendations. Therefore, the request remains not certified, on Independent Medical Review.