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| <b>Case Number:</b>   | CM13-0019941 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 05/07/2010 |
| <b>Decision Date:</b> | 01/06/2014   | <b>UR Denial Date:</b>       | 08/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2013 |

### 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 Interventional Spine 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. 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 56 year old male with injury from 5/7/10 who suffers from chronic low back pain. The request is for extracorporeal shock wave therapy for the lumbar spine. This request was denied by UR letter from 8/22/13 citing lack of any discussion found in any of the guidelines for this treatment for low back pain. An 8/19/13 report by [REDACTED] has diagnoses of L3-4 HNP impinges on left L3 nerve root, left radiculopathy with positive femoral stretch test and positive left anterior thigh pain. The request for left L3-4 extraforaminal discectomy was denied and patient is pending AME. A 7/15/13 report states that the patient has constant low back pain, with radiation to left leg. A 7/10/13 supplemental report by [REDACTED] is requesting extracorporeal shockwave therapy for the lumbar spine. He quoted page 98 of MTUS that discuss passive therapy providing short term relief during the early phases of pian treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy (ESWT), lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

**Decision rationale:** There is no evidence that ESWT is effective for chronic low back pain. This is a treatment modality that is used for plantar fasciitis and sometime for elbow and shoulder conditions. This is not something that is used to treat low back pain. MTUS does not address ESWT. ACOEM discusses ESWT under their elbow, shoulder and foot chapter. ODG guidelines do not discuss ESWT for low back but is addressed under elbow, shoulder and foot chapter. The guidelines and literature indicate that ESWT is not used for low back pain as there is no evidence that it would be helpful. The request for ESWT therapy for the low back is not medically necessary and appropriate.