

<b>Case Number:</b>	CM13-0020100		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 and Rehabilitation and Pain Management, 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 45 year old female with injury date of 9/27/12. The patient has a diagnosis of lumbar spine pain. The patient reported on 6/17/13 that she was lifting boxes when she leaned forward and experienced a pulling sensation on her right lower back. Diagnostic impressions were lumbar sprain, ruling out herniated nucleus pulposus; lumbar spine myofascial pain; right leg radicular pain/paresthesia; sleep disorder; anxiety and depression due to industrial injury. Presenting symptoms are low back pain, radiation into the right thigh, pain 80% of the time, intensity 7-8/10. Exam showed positive straight leg raise bilaterally, 4/5 strength of distal muscles, and diminished range of motion of L-spine. Recommendations were therapy 2 times per week for 4 weeks, medications and topical cream. On 7/10/13, the provider recommended shockwave treatment for the lumbar spine for 6 sessions by [REDACTED]. MRI of L-spine from 7/11/13 showed 6mm disc protrusion with narrowing of the thecal sac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (ESWT) treatment (6 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna's Policy #0649 on extracorporeal shockwave therapy.

**Decision rationale:** This patient suffers from chronic low back pain with radicular symptoms. MRI of L-spine showed disc herniation at L5-S1. The patient has failed to improve with various conservative measures and the provider has requested trying 6 sessions of ESWT for the lumbar spine. MTUS and ACOEM guidelines do not discuss ESWT treatments. The Official Disability Guidelines do not discuss ESWT treatments for the lumbar spine condition. Checking other guidelines, such as Aetna, it considers ESWT treatments for the lumbar spine experimental. There is a lack of adequate evidence to support this treatment for chronic low back pain. Therefore, the requested treatments are not medically necessary or appropriate.