MAXIMUS Federal Services

Case Number:	CM13-0021086		
Date Assigned:	10/11/2013	Date of Injury:	12/22/2009
Decision Date:	02/03/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 Rehabiliation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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.

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 46-year-old female who reported an injury on 12/27/2009, mechanism of injury not stated. A procedure note signed by [redacted] dated 07/16/2013 reported the patient had undergone extensive conservative care to the lower back, including, but not limited to, physical and manipulative therapy, acupuncture, injections, and prescribed medications. Appropriate diagnostic tests were reported to have been performed to confirm diagnosis and she continued to have significant residual symptoms. The patient was referred to undergo extracorporeal shockwave treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) retrospective special report between 7/16/2013 and 7/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 10 (Elbow Complaints) 2007), pg. 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 46-year-old female who reported an injury on 12/27/2009. She is reported to have injured her lower back and to have treated extensively with conservative care, including physical and manipulative therapy, acupuncture, injections, and prescribed

medications, and she still continued to have significant residual symptoms. The patient was reported to have been referred to undergo extracorporeal shockwave therapy to her lumbar spine. She is noted to have been diagnosed with lumbar spine pain. On 07/16/2013, the patient was seen by [redacted] for her first treatment. A request is made for a retrospective special report. As the patient is noted to have been seen for procedure, there is no indication as to why a special report would be needed. Based on the above, the request for (1) retrospective special report between 7/16/2013 and 7/16/2013 is non-certified.

One (1) retrospective ECSWT, shockwave treatment between 7/16/2013 and 7/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 10 (Elbow Complaints) 2007), pg. 29..

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 - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy

Decision rationale: The patient is a 46-year-old female who reported an injury to her low back on 12/27/2009. She is reported to have extensive treatment with physical therapy and manipulation, acupuncture, injections, and prescribed medications, and still continued to have significant residual pain symptoms. She is reported to being referred to undergo extracorporeal shockwave therapy to the lumbar spine. The California MTUS/ACOEM does not address the request for shockwave therapy to the lumbar spine. The Official Disability Guidelines state that shockwave therapy is not recommended for use for the lumbar spine as the available evidence does not support the effectiveness for treating low back pain, and in the absence of evidence, the clinical use of those forms of treatment is not justified. Based on the above, the need for the procedure performed on 07/16/2013 consisting of extracorporeal shockwave therapy to the lumbar spine does not meet guideline recommendations. As such, the request for (1) retrospective ECSWT, shockwave treatment between 7/16/2013 and 7/16/2013 is non-certified