

Case Number:	CM13-0025215		
Date Assigned:	12/11/2013	Date of Injury:	11/09/2010
Decision Date:	02/05/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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, 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:

This is a 40 year-old male who sustained an industrial injury on 11/9/2010. He has been diagnosed with L5-S1 herniated nucleus pulposus, recurrent disc herniation, and status post lumbar fusion, depressive disorder-not otherwise specified (NOS), cervical strain, failed lumbar spine surgery, left hip strain, and left knee strain. The IMR application shows a dispute with the 9/10/13 UR decision. The 9/10/13 UR letter is by [REDACTED], which is in response to the 9/3/13 RFA from [REDACTED] and UR recommends denial of shockwave therapy x6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 1x 6 weeks: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: MTUS/Chronic pain and MTUS/ACOEM topics do not discuss shockwave therapy for the low back. ODG guidelines on

shock wave therapy for the low back specifically states, "Not recommended...the available evidence does not 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." The request for shockwave therapy for the lower back is not in accordance with ODG guidelines.

Prospective Home Health Care 4 hours/day for 5 days for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The Physician Reviewer's decision rationale: The 8/27/13 PR2 by [REDACTED] is in check-box format and does not provide any rationale for a home healthcare. MTUS states for home healthcare, the patient needs to be homebound on a part-time or intermittent basis and there needs to be a need for medical treatment. MTUS states medical treatment does not include homemaker or personal care services. The 5/23/13 AME states the patient is able to walk, and drive. He can get up on his heels or toes, but does have an antalgic gait. The AME stated there was no need for surgical procedures for the lumbar spine, hip or knee. He did not mention a need for home healthcare. The reporting does not show that the patient meets any of the MTUS requirements for home health care, other than it is under 35 hours/week. There is no discussion of what medical care the patient requires on his lower back. This is not in accordance with MTUS guidelines.