

Case Number:	CM13-0025573		
Date Assigned:	11/20/2013	Date of Injury:	12/06/2006
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 female with a reported date of injury on 12/06/2006. The patient presented with radicular symptoms to the low back and low back radicular symptoms to the bilateral lower extremities equally, percussion of the lower lumbar segments elicited discomfort at L4-5 and L5-S1, the patient had a positive seated straight leg raise at 80 degrees on the right and 90 degrees on the left, a positive supine straight leg raise at 80 degrees on the right and 90 degrees on the left. The patient's gait and posture were normal, there were no palpable lumbar paravertebral muscle spasms, no complaints of tenderness to palpation over the sciatic notches and no complaint of pain with lumbar range of motion. The patient had diagnoses including cervical spine sprain/strain (rule out discopathy), lumbar spine sprain/strain (rule out discopathy), right knee strain/sprain (rule out internal derangement), right lower extremity radiculitis, right ankle strain/sprain and right peroneal tendonitis. The physician's treatment plan included a request for shockwave therapy of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requested treatment for Shockwave Therapy Lumbar: 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) Low Back-Lumbar and Thoracic (Acute and Chronic) Chapter Shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Shock wave therapy.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not address shockwave therapy. ACOEM states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. The Official Disability Guidelines note that shockwave therapy is 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. Within the provided documentation, it did not appear that the patient had significant objective functional deficits. Additionally, the guidelines note that shockwave therapy is not recommended. Therefore, the request for shockwave therapy for the lumbar spine is neither medically necessary nor appropriate.