

Case Number:	CM13-0028873		
Date Assigned:	11/27/2013	Date of Injury:	03/13/2013
Decision Date:	01/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 clinical records available for review include a recent progress assessment of October 9, 2013 indicating ongoing complaints of pain about the mid and upper back. There continues to be tenderness specific to the T3 through T7 level, right greater than left, with paraspinal spasm noted throughout the thoracic and lumbar musculature. At that visit the claimant was diagnosed with cervical strain, thoracic strain and head contusion and traumatic brain injury. Given the ongoing nature of his low back and mid back complaints, an orthopedic shock wave therapy treatment for the thoracic spine was recommended for further definitive care. Prior treatment is documented to have included medication management, a course of formal physical therapy and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shock wave therapy for the thoracic spine: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Shock Wave Therapy.

Decision rationale: California ACOEM and MTUS Guidelines are silent. When looking at ODG criteria, shockwave therapy is not recommended as randomized clinical trials and literature do not support its use for the treatment of low back complaints in the acute or chronic setting. Absence of documented evidence based literature to support its role would fail to necessitate its use at this time in the claimant's clinical course of care.