

<b>Case Number:</b>	CM13-0031381		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Pain Management 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.

### 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 male patient with the date of injury of February 1, 2011. A utilization review determination dated September 4, 2013 recommends non-certification of Extracorporeal Shockwave Therapy Thoracic Spine 6 Sessions 0019T. The previous reviewing physician recommended Extracorporeal Shockwave Therapy Thoracic Spine 6 Sessions 0019T due to lack of evidence based guidelines support. No medical reports identifying the patient's clinical condition have been made available for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy for thoracic spine; 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 Chapter, Shock wave therapy.

**Decision rationale:** Regarding the request for extracorporeal shockwave therapy for thoracic spine; 6 sessions, California MTUS does not address the issue. ODG states ESWT is not recommended for the lumbar spine as the available evidence does not support its effectiveness in

treating back pain. Within the medical information made available for review, no medical reports identifying the patient's clinical condition were made available for review. In light of the above issues, the currently requested extracorporeal shockwave therapy for thoracic spine; 6 sessions is not medically necessary