

Case Number:	CM13-0034958		
Date Assigned:	06/06/2014	Date of Injury:	03/15/2013
Decision Date:	08/12/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 expert 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 injured worker is a 56-year-old male who reported an injury on 3/15/13. The mechanism of injury was trauma. His diagnoses include post-traumatic cervical spine sprain/strain, bilateral rotator cuff syndrome, lumbar spine discopathy, bilateral hip sprain/strain, bilateral inguinal hernia sprain/strain, and foot sprain/strain. His previous treatments include chiropractic manipulative treatment and medications. Within the clinical note dated 7/2/13, the injured worker had complaints of neck pain, bilateral shoulder pain, low back pain, bilateral hip pain, bilateral testicle pain, and bilateral foot pain. The injured worker indicated that he went to a company medical clinic on 3/19/13 where he was given medications and imaging studies. He was placed on disability for approximately three months and then he was released to go back to work. On physical examination of the lumbar spine, the physician reported the patient had sacral flexion of 30 degrees, true lumbar flexion 40 degrees, extension 15 degrees, right lateral bending 15 degrees, left lateral bending 10 degrees, and moderate pain was elicited in all ranges tested. The physician reported the Kemp, Goldhwait, Milgram's tests were all positive bilaterally. The muscle strength test was noted to be +4 bilateral and there was tenderness to palpation on the erector spinae muscles and quadratus lumborum. The physician's treatment plan included intense neurostimulation therapy, shockwave therapy, and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (EXTRACORPOREAL SHOCKWAVE THERAPY): LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of this form of treatment is not justified and should be discouraged. The clinical documentation provided indicated the injured worker continued to have chronic low back pain after treatment with chiropractic care and medications. However, the guidelines do not support the use of shockwave therapy. As such, the request is not medically necessary.