

Case Number:	CM13-0035594		
Date Assigned:	12/13/2013	Date of Injury:	03/02/2010
Decision Date:	02/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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; Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 who reported injury on March 2, 2010. The mechanism of injury was not provided. The patient was noted to have moderate to severe radiating pain in the neck, mid upper back, right shoulder, left forearm, and right ankle. The patient was noted to have undergone, per the supplied documentation, 5 extracorporeal shockwave therapy sessions to the lumbar spine for lumbar spine pain and myofascial pain syndrome. The patient's diagnoses were noted to include cervical and thoracic sprain/strain, status post lumbar spine fusion January 11, 2011 with spondylolisthesis, and insomnia. The request was made for extracorporeal shockwave therapy for T/S, L/S 1x12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for T/S, L/S 1x12 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) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8.

Decision rationale: Neither California MTUS/ACOEM nor Official Disability Guidelines address Extracorporeal Shockwave therapy for the back. Per Wang, Ching-Jen et. al. (2010), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related overuse tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc." Clinical documentation submitted for review indicated the patient had tenderness to palpation and palpable spasm over the paraspinal muscles with restricted range of motion of the thoracic spine and the cervical spine was noted to have tenderness to palpation and palpable spasm over the paraspinal muscles. However, clinical documentation submitted for review failed to provide the patient's functional response to the previous 5 extracorporeal shockwave therapies. Additionally, it is not indicated for chronic back pain, as it is noted to be primarily used in the treatment of sports-related overuse tendinopathies. Given the above and the lack of documentation indicating the necessity for the treatment, the request for extracorporeal shockwave therapy for T/S, L/S 1x12 weeks is not medically necessary.