

Case Number:	CM13-0055674		
Date Assigned:	06/11/2014	Date of Injury:	09/27/2012
Decision Date:	07/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Preventative Medicine and is licensed to practice in 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 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 43 year old male whose date of injury is 09/27/2012. The mechanism of injury is described as a severe fall. The injured worker received shockwave therapy on 01/15/13, 01/22/13, 01/29/13, 02/05/13, 02/12/13, 02/19/13, 02/26/13, 03/05/13, 03/12/13, 03/19/13, 03/26/13, and on 04/02/13. The electrodiagnostic study (EMG/NCV) dated 08/08/13 is a normal study. Treatment to date includes physical therapy and home exercise program. MRI of the thoracic spine dated 08/16/13 revealed Modic type II endplate degenerative changes at T10-11, Schmorl's node at T6-7, T8-9, T10-11 levels, early spondylotic changes throughout the thoracic spine, exiting nerve roots are unremarkable. An MRI of the lumbar spine dated 08/16/13 revealed disc desiccation L3-S1, diffuse disc protrusion at L3-4, L4-5, L5-S1, grade II retrolisthesis of L4 over L5, grade one anterolisthesis of L5 over S1. A progress report dated 11/09/13 indicates the injured worker continues to show improvement, but he remains symptomatic. Current treatment consists of chiropractic manipulative treatment. Diagnoses are listed as lumbar sprain, thoracic sprain and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) 1-2 TIMES PER WEEK OVER FOUR WEEKS TO THE LUMBAR AND THORACIC SPINE: 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 (ODG) Low Back Chapter, Shock wave therapy.

Decision rationale: The Official Disability Guidelines reports that shock wave therapy is not recommended. The Official Disability Guidelines state that the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The submitted records fail to document any objective measures of improvement following prior Extracorporeal Shock Wave Therapy (ESWT). There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. As such, the request is not medically necessary.