

Case Number:	CM13-0056099		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2013
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
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 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 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:

This is a 60-year-old gentleman who injured his low back and bilateral lower extremities in a work-related accident on 4/19/13. The report of an MRI of the lumbar spine dated 8/27/13 demonstrated a pars defect at L5 with Grade I anterolisthesis and facet disease at L3-4 through L5-S1. Conservative care for the claimant's lower extremities and low back consisted of physical therapy, medication management, and activity restrictions. A follow up report dated 10/23/13 indicated continued subjective complaints of low back and right lower extremity pain with physical examination showing sensory change to light touch in the right anterior and lateral aspect of the leg. The recommendations at that time were for shockwave therapy, continuation of physical therapy, and electrodiagnostic studies to the lower extremities. There was also documentation of electrodiagnostic studies to the right lower extremity on 8/21/13 that was noted to be normal

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR THE LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California ACOEM 2004 Guidelines, there is no current clinical indication for further electrodiagnostic testing. This claimant has already undergone electrodiagnostic studies to the lower extremities within the last year. While the claimant has MRI findings of a pars deficit and sensory changes to the right leg on examination, the prior electrodiagnostic study was determined to be normal. Based upon the results of the electrodiagnostic findings as normal performed within the last year, the medical records do not support repeat studies at this short of an interval since the time of prior testing. The specific request in this case would not be indicated.

SHOCKWAVE THERAPY 1 TIMES 6 TO THE LUMBAR 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, (Acute & Chronic) Procedure Summary - Shock Wave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Shock wave therapy

Decision rationale: California MTUS and ACOEM Guidelines are silent regarding shockwave therapy. When looking at the Official Disability Guidelines, shockwave therapy for the lumbar spine is not recommended as there is a lack of scientific literature to support its efficacy both in the short term or chronic setting. The absence of supported evidence for the use of shockwave therapy for the lumbar spine would fail to necessitate its need at this time.