

<b>Case Number:</b>	CM13-0060260		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 53 year-old female who was injured on 2/6/08. She complained of neck pain radiating to left upper extremity and low back pain radiating to the left lower extremity. On exam, she had diminished range of motion of her neck and lumbar, normal strength of lower extremities and normal reflexes. An MRI of lumbar spine showed disc protrusions with some nerve impingement and foraminal stenosis. She had a laminectomy and discectomy in May 2013. She was diagnosed with cervical strain, cervical degenerative disc disease, status post lumbar spine decompression, failed lumbar surgery, and radiculopathy. She had physical therapy, aqua therapy, and was in a weight loss program. Her medications included diclofenac, omeprazole, and tramadol. The current request is for extracorporeal shock wave lithotripsy of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Extracorporeal Shock Wave Lithotripsy- Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ESWT Articles.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal shock wave therapy, Elbow, Knee/Leg.

**Decision rationale:** MTUS guidelines do not address this. ODG has guidelines for ESWT for elbow, knee/leg, but not for cervical and lumbar spine. ESWT is commonly used for plantar fasciitis, lateral epicondylitis, and tendinopathies. There are no guidelines for the use of ESWT for lumbar and cervical pain. There is no clear documentation of the patient's response to conservative therapy. It is unclear if she failed medication management and if therapy did not provide any improvement. There was no clear rationale as to why ESWT was prescribed at this time. Therefore, the request is not medically necessary.