

Case Number:	CM13-0063614		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2011
Decision Date:	03/21/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine, 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 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:

According to the records made available for review, this is a 30 year old male with a 2/26/11 date of injury. At the time of request for authorization for extracorporeal shockwave therapy, there is documentation of subjective (mid and low back pain radiating to the right lower extremity with numbness and tingling) and objective (positive Braggard's test on the right and decreased sensation at the right L5 dermatome) findings, current diagnoses (thoracic and lumbar sprain/strain and lumbar radiculopathy), and treatment to date (injections, physical therapy, and chiropractic therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

One session of extracorporeal shockwave: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Low Back Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Shockwave therapy.

Decision rationale: The Official Disability Guidelines indicate shock wave therapy is not recommended for treating low back pain. Therefore, based on guidelines and a review of the medical records provided for review, the request for 1 session of extracorporeal shockwave therapy is not medically necessary and appropriate.