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| Case Number: | CM13-0067686 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/02/2011 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 Anesthesiology, 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck, low back, and bilateral knee pain with an industrial injury date of October 2, 2011. Treatment to date has included medications, physical therapy, acupuncture, chiropractic treatment, home exercise program, lumbar epidural steroid injection, and L4-5 and L5-S1 laminectomy. A utilization review from December 4, 2013 denied the request for extracorporeal shock wave therapy to neck, lumbar, and bilateral knees because shock wave therapy is not recommended for the back, and is considered under study for the knee. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of neck pain radiating to bilateral upper extremities and bilateral knee pain. She also complained of sharp, numbing, tingling, and throbbing low back pain with pressure, graded 7-10/10, radiating to bilateral lower extremities. She denied urinary or bowel incontinence. Low back pain was relieved by rest, cold, medications and back support. No aggravating factors were reported. On physical examination, there was slightly limited range of motion of the cervical spine. Palpation of the lumbar spine revealed tenderness and hypertonicity of the lumbar paravertebral muscles bilaterally, with limited range of motion also noted. Straight leg raise test was positive bilaterally. Knee range of motion was slightly limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY TO NECK, LUMBAR AND BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Low Back, Lumbar, and Thoracic, and the ODG TWC 2013 Knee and Leg.

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, Knee And Leg.

Decision rationale: The Official Disability Guidelines state that shockwave therapy is not recommended since available evidence does not support its effectiveness for treating low back pain. Furthermore, ESWT is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy. In the absence of evidence of effectiveness, the clinical use of this form of treatment is not justified. In this case, the medical records failed to establish compelling circumstances identifying why ESWT was requested despite its lack of evidence for efficacy. Therefore, the request for is not medically necessary and appropriate.