

Case Number:	CM14-0001774		
Date Assigned:	01/22/2014	Date of Injury:	04/20/2008
Decision Date:	03/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal Medicine, and is licensed to practice in 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 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:

The claimant is a 52 year old male who sustained a low back injury on 4/20/08, secondary to cumulative trauma. He has a diagnosis of chronic low back pain with radiculopathy, and is status post lumbar spine fusion. He continues to complain of low back pain. On exam he has limited lumbar range of motion secondary to pain, obvious guarding on palpation over the hardware with increased irritability, positive straight leg raise, and increased back pain with heel/toe walking. He has been treated with medication, injection therapy, lumbar support, modified duty, physical therapy, work conditioning, home therapy/routine exercises, and acupuncture. He has been recommended to receive extracorporeal shockwave therapy to address the myofascial component of his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for six extracorporeal shockwave therapy sessions between 7/12/13 and 10/4/13: 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 Medscape Internal Medicine 2012 - Indications for Extracorporeal Shockwave Therapy.

Decision rationale: Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendinopathies such as plantar fasciitis and lateral epicondylitis (i.e., tennis elbow). It was introduced as an alternative to surgery for patients with that have not responded to other conservative therapies. ESWT involves the delivery of low- or high-energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft-tissue interface. Low-energy shock waves are applied in a series of treatments and do not typically cause any pain. High-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. The documentation indicates the claimant has chronic low back pain which has been helped by multiple conservative and interventional therapies; however, there is no indication for ESWT for the treatment of chronic low back pain. Medical necessity for the requested service has not been established. The requested service is noncertified.