

<b>Case Number:</b>	CM14-0004059		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/08/2005
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 42-year-old male who reported an injury on 02/08/2005. The mechanism of injury was a slip and fall while pulling a pallet jack. The documentation of 06/06/2013 revealed the injured worker had pool therapy, shock wave treatment and acupuncture previously. The documentation of 09/10/2013 revealed the injured worker had complaints of low back pain radiating to bilateral lower extremities. The injured worker had complaints of pain radiating to bilateral upper extremities. The pain was increased with an average pain level of 8/10 to 10/10 with medications. The range of motion of the lumbar spine was severely reduced secondary to pain. The pain was significantly increased with flexion and extension. The injured worker had lumbar paraspinal muscle spasms on palpation. Diagnoses included lumbar radiculopathy, lumbar spinal stenosis, lumbar failed surgery syndrome, status post lumbar fusion, myalgia/myositis, depression, medication related dyspepsia status post ROH. The treatment plan included a B12 and Toradol injection, trigger point injections and a trial of acupuncture therapy. The DWC Form dated 08/23/2013 revealed there was a request for acupuncture with electrical stimulation 2 times a week for 4 weeks. Documentation of 10/09/2013 revealed the injured worker had past benefits with acupuncture, aquatic therapy and shock wave therapy. The treatment plan included a Toradol injection, a psych clearance for surgery, orthopedic shoes corporeal orthoshock wave therapy for the neck as well as a 1 year membership for the gym and pool. There was no DWC Form RFA submitted nor PR2 submitted with the requested shock wave therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOCKWAVE THERAPY FOR THE C/S & L/S ONCE PER WEEK FOR SIX WEEKS:**  
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 Chapter.

**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, Shockwave Therapy, does not address Neck & Upper Back, and Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8.

**Decision rationale:** The California MTUS Guidelines do not address shock wave therapy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that shock wave therapy is not appropriate treatment for low back pain. It is not, however, addressed for the neck and upper back regions. Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related overuse tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow and calcific or noncalcific tendonitis of the shoulder and patellar tendinopathy". There was documentation the injured worker had previously undergone shock wave therapy. There was a lack of documentation of the objective functional benefit that was received and the body part that was treated. Given the above, the request for shock wave therapy for the C/S and L/S once per week for 6 weeks is not medically necessary.

**ACUPUNCTURE TREATMENT WITH ELECTRICAL STIMULATION L/S TWO SESSIONS PER WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines indicate that electrical acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture treatments. There was a lack of documentation of objective functional benefit that was received as well as the quantity of sessions that were participated in. There was a lack of documentation indicating the injured worker's pain medication was reduced or not tolerated. Given the above and the lack of documentation, the request for acupuncture treatment with

electrical stimulation to the lumbar spine 2 sessions per week for 6 weeks is not medically necessary.