

Case Number:	CM14-0006971		
Date Assigned:	04/25/2014	Date of Injury:	02/08/2011
Decision Date:	07/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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, has a subspecialty in Interventional Spine, 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 a 28-year-old female with date of injury 2/8/11. The treating physician report dated 10/18/13 indicates that the patient presents with a chief complaint of constant lower back pain radiating to the right lower extremity with paresthesia. The pain is rated a 6-7/10 with medications and a 9/10 without medications. The current diagnoses are lumbar sprain/strain and lumbar radiculopathy. The utilization review report dated 12/26/13 denied the request for extracorporeal shockwave lithotripsy to the lumbar spine and acupuncture 2x4 to the lumbar spine was modified to 6 visits based on lack of medical necessity and the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shock wave therapy.

Decision rationale: The patient presents with chronic lower back pain with right lower extremity pain and paresthesia. The current request is for extracorporeal shockwave lithotripsy to the lumbar spine. The treating physician report dated 10/18/13 states, "I am requesting authorization for this patient to undergo extracorporeal shock wave lithotripsy. The sound waves promoted during extracorporeal shockwave therapy (ESWT) stimulate healing for many physical disorders including chronic pain and myofascial syndrome of the lumbar spine." The Official Disability Guidelines (ODG) do not support shock wave therapy as, "The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." There is no medical evidence to support the current request and the ODG does not recommend shock wave treatment of the lumbar spine. The recommendation is for denial.

ACUPUNCTURE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with chronic lower back pain with right lower extremity pain and paresthesia. The current request is for acupuncture 2x4 to the lumbar spine. A Review of the utilization review report dated 12/26/13 states that the request was modified from the original request of acupuncture 2x4 to 6 treatments. The Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture for the treatment of low back complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." The treating provider in this case has requested treatment in excess of the recommended 3-6 visit trial period. The previous utilization review determination has authorized the 6 visits that AMTG recommends and then the treating physician will need to document the patient's response to this trial to determine if additional acupuncture treatment will be medically necessary. The recommendation is for denial.