

Case Number:	CM14-0008690		
Date Assigned:	02/12/2014	Date of Injury:	01/22/2004
Decision Date:	06/24/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/21/2014

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 patient is a 55 year old male with a date of injury of 01/22/2004. Prior treatment history has included home stretching and exercise program. The patient's past medications included tramadol, omeprazole, hydrocodone, Soma, Alprazolam, Terocin, CKL and KCM topical creams; chiropractic treatment. The primary treating physician's report dated 12/13/2013 indicates the patient complains of constant moderate low back sharp pain that is associated with throbbing, tightness, aches, and soreness. He rates this pain as an 8/10. He has constant moderate left leg sharp pain, numbness and tingling, and aches rated at 7/10. He reported the cold weather exacerbates his pain. On examination of the lumbar spine, range of motion exhibits flexion to 60; extension to 20; bilateral flexion to 20; and bilateral rotation to 20. He has pain in all planes. There is tenderness to palpation over the quadratus lumborum, erector spinae and latissimus dorsi bilaterally, quadriceps and biceps femoris on the left. He has positive Kemp's on the right; Bechtrews on the left; Ely's and iliac compression bilaterally. His motor strength testing of the lower extremity is 5/5 bilaterally. The treatment and plan includes a request to begin shock wave therapy 3-6 sessions over the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SHOCKWAVE THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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 - Lumbar & Thoracic, Shock wave therapy

Decision rationale: The CA MTUS/ACOEM guidelines do not discuss the shockwave therapy to back and hence the Official Disability Guidelines (ODG) has been consulted. As per ODG, Shock wave therapy is not recommended for low back. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Primary treating physician's report dated 12/13/2013 indicates the patient complains of constant moderate low back sharp pain. As such, the medical necessity has not been established and the request is not medically necessary.