

<b>Case Number:</b>	CM14-0105214		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 59-year-old male with an original industrial injury on August 9, 2012. The mechanism of injury occurred while the worker was going upstairs and a water hose nearby was pulled causing the worker to slip. The industrially related diagnoses include right lower extremity pain, chronic low back pain, lumbar radiculitis, right knee pain, and right ankle pain. Conservative treatments have included the use of a crutch, pain medications, acupuncture, and epidural steroid injections. The disputed request is for shockwave therapy for 12 sessions to the lumbar spine and left knee. The date of this request was June 9, 2014. A utilization review determination on June 17, 2014 had noncertified this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy x 12 Body part: lumbar, left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG)

**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, Shock wave therapy

**Decision rationale:** Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy "Not recommended. 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." Regarding the request for ESWT for the lumbar spine, California MTUS does not address the issue. ODG specifically does not recommend shockwave therapy for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Furthermore, there are no recommendations for shock wave therapy in the California Medical Treatment Utilization Schedule or Official Disability Guidelines with respect to chronic knee pain. Given this, the currently requested ESWT for lumbar spine and knee is not medically necessary.