

Case Number:	CM14-0107221		
Date Assigned:	09/16/2014	Date of Injury:	10/04/2011
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 43 year old female who was injured on October 4, 2011. The diagnoses listed as sprain thoracic region (847.11). The most recent progress note dated 6/10/14, reveals complaints of multiple areas of complaint involving her spine (upper and lower back), left shoulder/arm, left elbow, left wrist/hand, left hip, right knee, left knee, right ankle, and left ankle. Physical examination reveals light touch sensation to right midanterior thigh, right mid lateral calf, right lateral ankle are intact. The injured worker reports no right shoulder pain for a long time and that her right shoulder has completely recovered. A clinical note dated 7/3/14 revealed pain was rated a 5 out of 10 on visual analog scale (VAS) score. A progress note dated 7/15/14 revealed the medications for shoulder problem and acupuncture helps her manage pain. Physical examination revealed left shoulder light touch sensation intact left index finger intact, left dorsal thumb was intact left small finger intact. A clinical note date 8/19/14 reveals continued pain in the same multiple areas (spine (upper and lower back), left shoulder/arm, left elbow, left wrist/hand, left hip, right knee, left knee, right ankle, and left ankle). Physical examination reveals right anterior thigh intact, right lateral ankle intact, and right lateral calf. The injured worker reports acupuncture helps her to manage pain and she is not interested in epidural steroid injections. Prior treatment includes pain management, medications, and acupuncture. A prior utilization review determination dated 7/2/14, resulted in denial of six shockwave therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 shockwave therapy sessions for the lumbar spine: 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 - Lumbar & Thoracic (Acute & Chronic) Shock wave therapy

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 - Shock wave therapy

Decision rationale: Per guidelines, shock wave therapy is 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. Thus, 6 shockwave therapy sessions for the lumbar spine is not medically necessary.