

<b>Case Number:</b>	CM14-0108431		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/15/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 47-year-old male, who was injured on December 15, 2013, while performing regular work duties. The injury is reported to be a cumulative trauma to the low back, left wrist, and eyes. The records state that the injured worker has had continued complaints of pain in the lumbar spine. The injured worker had multiple radiographic images completed. Images of the left wrist are unremarkable. Radiographic imaging of the lumbar spine indicates degeneration in the L3 through L5 region, and narrowing of disc space in the L5 to S1 region. The records indicate the injured worker received localized intense Neurostimulation therapy, but does not indicate quantity or effectiveness. Other treatments received are chiropractic therapy, and transcutaneous electrical nerve stimulation, no other treatments are mentioned in the records. On April 7, 2014, trigger point imaging was completed, that revealed ten clinically relevant trigger points. On May 20, 2014, the records indicate the injured worker underwent third trigger point impedance imaging, which revealed ten clinically relevant trigger points. On June 18, 2014, the injured worker began extracorporeal shockwave treatment. On June 25, 2014, a second shockwave treatment was given, that indicates the injured worker reported having some improvement in pain since the previous treatment. On July 14, 2014, and July 21, 2014, the fourth and fifth shockwave treatments were given, they noted measurable improvement in pain, but do not provide information regarding improvement in functional capacity. The request for authorization is for shockwave treatments, one to two times weekly for six weeks. The primary diagnosis is lumbar spinal stenosis. On July 1, 2014, Utilization Review non-certified the request for shockwave treatments, one to two times weekly for six weeks, per ODG guidelines, which do not recommend it.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave treatments 1-2 per week x6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**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:** Shockwave treatments 1-2 per week x6 weeks are not medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that there is some medium quality evidence for high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG states that shock wave therapy is not recommended for the low back as the available evidence does not support its effectiveness. The request does not specify a body part for shockwave to be applied. The documentation does not reveal calcific tendinitis of the shoulder. The documentation does not reveal extenuating reasons to go against guideline recommendations therefore the request for shockwave treatments are not medically necessary.