

<b>Case Number:</b>	CM14-0014447		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 & Rehabilitations 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 reported an injury date of 12/11/10. Most recent physical exam on 9/23/13 showed "+2 tenderness to palpation of C-spine, L-spine, and T-spine." [REDACTED] is requesting extracorporeal shockwave therapy to L-spine 1 time per week for 6 weeks. The utilization review determination being challenged is dated 1/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/20/13 to 12/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTRACORPOREAL SHOCKWAVE THERAPY TO THE LUMBAR SPINE 1 TIME PER WEEK FOR 6 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on Non-MTUS guidelines (Aetna)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper back chapter online for Electrotherapies.

**Decision rationale:** This patient presents with upper and lower back pain. The physician has asked extracorporeal shockwave therapy to L-spine 1 time per week for 6 weeks on 12/11/13. Patient is using a back brace as of 9/23/13 and taking NSAIDS for pain. ODG guidelines discuss ESWT in the foot/ankle, shoulder/arm chapters but not for the thoracic and lumbar regions. ODG guidelines states for electrotherapies of the neck and upper back is not-recommended. In this case, the physician has asked for extracorporeal shockwave therapy to L-spine which is not recommended by ODG guidelines. Therefore, the request for extracorporeal shockwave therapy to the lumbar spine 1 time per week for 6 weeks is not medically necessary.