

<b>Case Number:</b>	CM14-0014514		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/17/2014
<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 and Rehabilitation, 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 is a 32-year-old male with an injury date of 06/04/13. Based on the 11/05/13 progress report provided by the physician, the patient complains of constant pain in his lower back traveling to his right leg posteriorly to ankle. The patient has occasional weakness, numbness, and tingling in his right leg. The patient's diagnoses include the following: 1. Lumbar IVD syndrome, 2. Lumbar radiculitis, 3. Lumbar sprain On 09/03/13, the patient underwent his first diagnostic lumbar epidural steroid injection. The treating physician is requesting for a consult lumbar ESWT (extracorporeal shock-wave therapy). The utilization review determination being challenged is dated 01/16/14. The rationale is that the submitted documentation reveals little evidence of unusual findings including neurological deficits or any other significant findings on X-ray, or MRI results, or any findings that reveal the necessity for extracorporeal shock wave modalities. The physician provided treatment reports from 09/10/13-01/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT FOR LUMBAR ESWT:** 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), 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

**Decision rationale:** According to the 11/05/13 report, the patient presents with constant pain in his lower back traveling to his right leg posterior to ankle. The request is for consult lumbar ESWT (extracorporeal shock-wave therapy). ESWT is a shock treatment indicated for such conditions as calcific tendinitis of shoulder, epicondylitis and plantar fasciitis according to the Official Disability guidelines. It is not indicated for spinal conditions or myofascial pain. The request is not medically necessary and appropriate.