MAXIMUS Federal Services

Case Number:	CM14-0018178		
Date Assigned:	04/16/2014	Date of Injury:	01/31/2013
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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, 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 25 year old male who was injured on 01/21/2013 while he was rolling out mats and lifted them, as well as bent over to spread them out he noted back pain. Prior treatment history has included physical therapy, acupuncture treatment and Toradol injection. Medications include: Naproxen and Vicodin. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/31/2013 revealing the following: 1) L3-L4: 2 mm central focal disc protrusion abutting the thecal sac. 2) L5-S1: 6-7 mm central focus disc protrusion posteriorly displacing S1 nerve roots producing spinal canal narrowing with posterior annular tear/fissure noted. 3) Straightening lumbar lordosis, possibly due to myospasm. An electrodiagnostic report dated 06/24/2013 revealed lumbosacral plexopathy from lower extremity entrapment without motor deficit. Findings of sensory conduction study suggest pathology. Orthopedic note dated 12/12/2013 documented objective findings to show the patient walks without a limp. On stance, the pelvis is level, the back is straight and the head is balanced over the midline. The patient is able to stand on his heels and toes. The patient complains of left and right paraspinal tenderness. There is no spasm. There are no fascial nodules. Range of motion of the lumbar spine reveals the patient bends forward to the level of the knees. Lateral tilt is to 20/20 degrees. Extension is to 10 degrees. The patient complains of pain with stimulated rotation of the lumbar spine. Reflexes in the knees 2+/2 and ankles 2+/2. Pinprick sensation in the lower extremities is intact. Extensor hallucis longus is strong. The motor examination, including extensor hallucis longus, hamstrings, quadriceps and hip flexors are all 5/5. Straight leg rising is to 50/50 degrees with complaints of low back pain. Sciatic tension test is negative. Lower extremity measurements of the calves are 36 cm on the right and 36 cm on the left. Diagnosis: Lumbosacral sprain/strain with disc protrusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY 1 X WEEK X 1 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy.

Decision rationale: The CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. In this case, this patient has chronic lower back pain and has been diagnosed with lumbosacral sprain/strain with disc protrusion at L5-S1. As per ODG, extracorporeal shock wave therapy is not recommended. ODG indicates that the available evidence does not support the effectiveness of ultrasound or shock wave for treating lower back pain. Thus, the medical necessity has not been established and the request is non-certified.