

Case Number:	CM14-0110957		
Date Assigned:	09/16/2014	Date of Injury:	04/29/2014
Decision Date:	10/23/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 has a subspecialty in Pain Medicine 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 records presented for review indicate that this 61 year old female was reportedly injured on April 29, 2014. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of low back pain in addition to shoulder pain, chest pain, and upper extremity pain. The physical examination demonstrated an elevated blood pressure of 136/101, persistent decreased grip strength was noted in the right upper extremity starting in 19 kilograms of force and diminishing to 5 kilograms of force, left hand and consistently demonstrated 10 kilograms of force for all three tests, cervical range of motion is painful and restricted. Lumbar range of motion is restricted and painful, reflexes are normal in both lower extremities. Iliac compression test, Kemp's test, and Ely's Bechterew's tests are positive bilaterally. Shockwave therapy for the lumbar spine was recommended, but does not provide any specific rationale for the use of this intervention. Diagnostic imaging include an MRI of the lumbar spine performed on May 27, 2014 which demonstrated spondylosis, Schmorl's nodes, and disc bulging at multiple levels resulting in mild to moderate bilateral neuroforaminal narrowing at L3-L4, L4-L5, and severe bilateral neuroforaminal narrowing at L5-S1. Multiple other conservative modalities have been requested clinical oral medications and therapy as well as evaluation by specialists, but it's unclear if these were performed. A request was made for shockwave therapy of the lumbar spine and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF SHOCKWAVE THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation OFFICIAL DISABILITY 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; shockwave therapy

Decision rationale: The Official Disability Guidelines (ODG) specifically recommends against the use of shockwave therapy for the lumbar spine indicating that the available evidence does not support the effectiveness of ultrasound or shockwave therapy for treating low back pain. Based on the clinical documentation provided, claimant has evidence of low back pain on examination as well as MRI findings consistent with multilevel degenerative changes. The clinician does not provide a specific rationale for the utilization of the shockwave therapy and exceptional factors warranting deviation from the guidelines have not been noted. As such, given the clear recommendation the ODG the request is considered not medically necessary.