

<b>Case Number:</b>	CM14-0126391		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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:

This patient presents with back pain and neck pain. The treater has asked for extracorporeal shockwave therapy for the back on 6/13/14. Review of the report shows no prior usage of ESWT units. Official Disability Guidelines discuss ESWT in the foot/ankle, shoulder/arm chapters but not for the thoracic and lumbar regions. Official Disability Guidelines for Electrotherapies for the neck and upper back states not recommended. In this case, the treater has asked for extracorporeal shockwave therapy for the back which is not supported by the guidelines. Recommendation is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extra Corporeal Shock Wave therapy, back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Neck and Upper back chapter online for Electrotherapies with Nationally Recognized Professional Standards.

**Decision rationale:** This patient presents with back pain and neck pain. The treater has asked for extracorporeal shockwave therapy for the back on 6/13/14. Review of the report shows no prior usage of ESWT units. Official Disability Guidelines discuss ESWT in the foot/ankle, shoulder/arm chapters but not for the thoracic and lumbar regions. Official Disability Guidelines for Electrotherapies for the neck and upper back states not recommended. In this case, the treater has asked for extracorporeal shockwave therapy for the back which is not supported by the guidelines. Recommendation is not medically necessary.