

Case Number:	CM14-0126888		
Date Assigned:	08/15/2014	Date of Injury:	09/12/2013
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 30-year-old male who has submitted a claim for lumbar spine sprain/strain and bilateral wrist sprain/strain associated with an industrial injury date of 09/12/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain graded 8/10 radiating to the buttocks, wrist pain graded 6/10, neck pain graded 5/10, and bilateral hands/fingers stiffness. Pain is increased by prolonged sitting, standing, and walking; and decreased by decreased temperature and rest. Physical examination showed tenderness to lumbar paraspinals. Range of motion of the lumbar spine was decreased in all planes. Straight leg raise test was negative. Motor testing was normal. Sensation was intact. Treatment to date has included medications, injection therapy, and physical therapy. Utilization review, dated 08/05/2014, denied the request for shockwave therapy for the lumbar spine. The rationale for the decision was not provided.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 7/3/14) 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 chapter, Shock Wave Therapy.

Decision rationale: The MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that low energy extracorporeal shockwave therapy (ESWT) is not recommended because available evidence does not support its effectiveness for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the patient complains of back pain with radicular symptoms. However, guidelines do not support ESWT for low back pain as stated above. Such as, Shockwave Therapy for the Lumbar Spine is not medically necessary.