

Case Number:	CM14-0159824		
Date Assigned:	10/03/2014	Date of Injury:	04/17/2013
Decision Date:	11/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency Medicine and is licensed to practice in New York. 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 36-year-old female who was injured on 04/17/2013. The patient continued to experience pain in his right shoulder and lower back. Physical examination was notable for positive paraspinal tenderness, negative straight leg raise, and decreased range of motion of the lumbar spine, and tenderness to the right upper trapezius. Diagnoses included lumbar disc protrusion, and labral tear of the right shoulder. Treatment included medications, chiropractic therapy, shoulder injections, and acupuncture. Request for authorization for shockwave therapy twice weekly was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, twice a week for four weeks 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, Lumbar and Thoracic

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, Thoracic and Lumbar, Shock Wave Therapy

Decision rationale: Shockwave therapy is not medically necessary. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain (LBP). In the absence of such evidence, the clinical use of these forms of treatment is not justified. Therefore, this request is not medically necessary.