

<b>Case Number:</b>	CM14-0161857		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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:

The patient is a 52-year-old male with a date of injury of 03/14/2014. The listed diagnosis per [REDACTED] is lumbar strain. According to progress report 08/26/2014, the patient presents with continued low back pain. Examination of the lumbar spine revealed tenderness over the lumbar paraspinal, quadratus lumborum, and SI joints. There is paraspinal spasms noted. Straight leg raise test is negative bilaterally. The patient's current medication regimen includes Methoderm gel, lidocaine patch, tramadol, omeprazole, cyclobenzaprine, hydrocodone, quazepam, and naproxen. The treater is requesting shockwave therapy for the lumbar spine 1 to 2 times per week for the next 4 weeks. Utilization review denied the request on 09/22/2014. Treatment reports from 03/26/2014 through 08/26/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy for The Lumbar Spine 1-2 Times A Week for 4 Weeks: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under the Low back chapter on Shockwave therapy

**Decision rationale:** This patient presents with low back pain. The treater is requesting shockwave therapy for the lumbar spine 1 to 2 times per week for the next 4 weeks. The MTUS and ACOEM Guidelines do not specifically discuss shockwave therapy treatments. However, ODG Guidelines under the Low back chapter on Shockwave therapy states "not recommended. The available evidence does not support the efficacy of ultrasound or shockwave for treating LBP, and the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged (SEC, 2011)". Shockwave therapy is not recommended for treating low back pain. The requested shockwave therapy is not medically necessary.