

<b>Case Number:</b>	CM14-0169285		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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:

Patient is a 38-year-old female who has submitted a claim for lumbago, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, and rule out left carpal tunnel syndrome associated with an industrial injury date of 5/8/2014. Medical records from 2014 were reviewed. Patient complained of occasional lumbar spine pain characterized as moderate, achy, stabbing and throbbing, with numbness and tingling sensation. Patient likewise experienced left elbow and left wrist pain described as burning and throbbing. Physical examination of the lumbar spine showed tenderness and normal range of motion. Examination of the left wrist and left elbow showed no bruising, swelling, and atrophy. Range of motion was painful. Treatment to date has included medications such as Flexeril, naproxen, omeprazole, Tylenol, and topical creams (since May 2014). Utilization review from 10/1/2014 denied the request for extracorporeal shockwave therapy (ESWT) 2x week x 6 weeks, lumbar/left wrist because there was no guideline recommendation to support use of shockwave therapy in the treatment of low back and elbow pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (ESWT) 2 times per week for 6 weeks, lumbar/left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Shockwave therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shockwave Therapy

**Decision rationale:** According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies. ODG states that shockwave therapy is not recommended. The available evidence does not support the effectiveness of extracorporeal shockwave therapy (ESWT) for treating LBP. ODG is silent concerning ESWT as treatment for the wrist. In the absence of such evidence, the clinical use of this treatment is not justified and should be discouraged. In this case, the records reviewed failed to establish compelling circumstances, identifying why ESWT for the lumbar and wrist areas be required despite adverse evidence. There was no compelling rationale concerning the need for variance from the guidelines. The medical necessity cannot be established due to insufficient information. Therefore, the request for extracorporeal shockwave therapy (ESWT) 2 times per week for 6 weeks, lumbar/left wrist is not medically necessary.