

Case Number:	CM14-0171605		
Date Assigned:	10/23/2014	Date of Injury:	01/25/2012
Decision Date:	11/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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:

The patient is a 33-year-old male with an injury date of 01/25/12. Based on the 09/02/14 progress report provided by [REDACTED], the patient complains of low back pain rated 7/10. Physical examination to the lumbar spine revealed pain and decreased range of motion, especially on lateral flexion, right and left 20 degrees. Diagnosis 09/02/14- lumbar sprain/strain rule out IVD- thoracic sprain/strain rule out IVD- cervical sprain/strain rule out IVD- right knee sprain/strain rule out internal derangement- radiculitis- myofascitis [REDACTED] [REDACTED] is requesting Shock wave therapy to the lumbar spine for 4 to 6 sessions. The utilization review determination being challenged is dated 09/16/14. [REDACTED] is the requesting provider and he provided treatment reports from 02/17/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy to the lumbar spine for 4 to 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014 Shockwave 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 - Lumbar & Thoracic (Acute & Chronic) chapter, Shock wave therapy

Decision rationale: The patient presents with low back pain rated 7/10. The request is for Shock wave therapy to the lumbar spine for 4 to 6 sessions. His diagnosis dated 09/02/14 included lumbar sprain/strain rule out intervertebral disc. Regarding Shock wave therapy for L-spine (or ESWT) ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Shock wave therapy states: "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) Given the lack of the guidelines support for this treatment, recommendation is for denial.