

<b>Case Number:</b>	CM14-0179494		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 43 year old with an injury date on 1/31/12. Patient complains of low lumbar pain, radiating down bilateral legs with numbness/tingling and into the right ankle, overall pain rated 6-8/10 per 8/28/14 report. Patient also complains of abdominal pain, bilateral hip pain rated 6-8/10, and left knee pain rated 6-8/10 per 8/28/14 report. Based on the 8/28/14 progress report provided by [REDACTED] the diagnoses are: 1. headaches 2. lumbar spine HNP 3. radiculopathy, lumbar region 4. lumbar spine degenerative disc disease 5. abdominal pain 6. functional dyspepsia 7. bilateral hip s/s 8. nabothian cyst 9. left knee internal derangement 10. baker's cyst left knee 11. hypertension Exam on 8/28/14 showed "L-spine range of motion reduced, with extension at 5/25 degrees. Range of motion of hips are normal bilaterally." Patient's treatment history includes physical therapy, acupuncture for L-spine and left knee, and medication. [REDACTED] is requesting extracorporeal shockwave therapy for the lumbar spine and bilateral hips. The utilization review determination being challenged is dated 9/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/10/14 to 8/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy for the lumbar spine and bilateral hips: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) foot/ankle, shoulder/arm chapters, thoracic and lumbar regions Neck and Upper back chapter, Electrotherapies

**Decision rationale:** This patient presents with lower back pain, bilateral leg pain, and right ankle pain. The treater has asked for extracorporeal shockwave therapy for the lumbar spine and bilateral hips on 8/28/14. ODG guidelines discuss ESWT in the foot/ankle, shoulder/arm chapters but not for the thoracic and lumbar regions. ODG guideline for electrotherapies for the neck and upper back states not recommended. In this case, the patient presents with lumbar and bilateral hip pain. The requested extracorporeal shockwave therapy for the lumbar spine and bilateral hips is not indicated per the guidelines. The request is not medically necessary.