

<b>Case Number:</b>	CM14-0024937		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Occupational Medicine 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:

This is a 53 year-old female with a 8/17/13 date of injury. The patient was seen on 2/11/14 with complaints of total body pain including headaches. Exam findings revealed tenderness over the neck and spine, as well as every joint in the upper and lower extremities including the hands and feet. The tenderness is grade 2 and remained the same with regard to the L spine since the patient's prior visit. There is also restricted range of motion of the L spine as well as paraspinal spasm with trigger points noted. There is numbness in the right leg. It was noted that extracorporeal shockwave therapy (ESWT) to the right foot was initiated which was noted to help. The diagnosis is lumbosacral sprain and strain with radiculitis. Treatment to date: ESWT, PT, medications, chiropractic therapy. An adverse determination was received on 2/21/14. There was a lack of documentation with regard to the rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave treatment for the lumbar spine done on 2-3-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**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 Chapter-Shockwave Therapy).

**Decision rationale:** CA MTUS does not address this issue. ODG states that shockwave Therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In this case, the patient has pain in the entire body. She apparently had ESWT to the L spine on 2/3/13 but the progress note dated 2/11/14 noted the exam findings of the L spine remained the same. In addition this method of treatment is not supported per ODG. Therefore, the request for shockwave treatment for the lumbar spine done on 2-3-14 is not medically necessary.