

<b>Case Number:</b>	CM14-0025102		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Illinois. 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 injured worker is a 38-year-old female who reported an injury on 11/08/2010; the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/13/2014, the injured worker complained of lower back pain that radiated to the bilateral lower extremities, with the right worse than the left. The injured worker reported pain rated at 3-5/10 and described as intermittent to frequent and moderate. The physical examination of the lumbar spine revealed tenderness and myospasm to the paralumbar musculature, tenderness in hypermobility over the vertebral regions from L3-S1, and negative straight leg raise test. It was also noted that the injured worker had a slightly antalgic gait favoring the right lower extremity, and lumbar spine range of motion was performed without pain and spasms. The range of motion for the lumbar spine was noted as flexion 40/60, extension 5/25, right rotation 15/25, and left rotation 15/25. Diagnosis included lumbar spine strain/sprain and myofasciitis, L3-S1 disc bulges with radiculopathy, bilateral hip sprain/strain, tendonitis, right knee meniscus and ligamentous tears status post 2 surgeries, left knee meniscus tears secondary from diagnoses 1 through 4, left ankle tendonitis, and insomnia. Prior treatments included physical therapy, chiropractic therapy, medications, diagnostic imaging, and psychiatric visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIVE (5) EXTRA CORPOREAL SHOCK WAVE THERAPY SESSIONS FOR THE LUMBAR SPINE:** 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) Low Back Pain, Shock wave therapy.

**Decision rationale:** The request for 5 extracorporeal shockwave therapy sessions for the lumbar spine is non-certified. The Official Disability Guidelines (ODG) state that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treatment of low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In the clinical notes provided for review, it was indicated that the injured worker's pain level status was 3-5/10; however, it is not indicated if this is with or without the use of prescribed medication. There is also a lack of documentation of the efficacy of prior conservative therapy. The clinical notes also do not address the rationale for the request of shockwave therapy. Furthermore, the guidelines do not recommend the use of shockwave therapy for treating low back pain. Therefore, the request for 5 extracorporeal shockwave therapy sessions for the lumbar spine is not medically necessary.