

Case Number:	CM14-0029697		
Date Assigned:	04/09/2014	Date of Injury:	06/25/2009
Decision Date:	05/19/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 31-year-old male who reported injury on 06/25/2009. The mechanism of injury was the injured worker drove into a ditch. The treatment history included physical therapy, chiropractic care, and acupuncture. The documentation of 11/07/2013 revealed the injured worker had 3+ palpable tenderness over the paraspinal muscles, trapezius muscles, and parascapular muscles bilaterally. The cervical compression test was positive. The shoulder depression test was positive. The examination of the lumbar spine revealed 3+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. Additionally, it revealed 3+ tenderness and spasm over the spinous processes from L2 through S1 bilaterally. There was 3+ pain with range of motion. The straight leg raise was positive at 70 degrees with radicular pain bilaterally. The Kemp's test was positive bilaterally. The diagnoses included cervical sprain/strain, rule out herniated disc, lumbar spine multiple disc bulges, and lumbar radiculitis. The treatment plan included a lumbar epidural steroid injection, physical therapy, a trial of shock wave therapy for the spine and a hot/cold or a 1 month trial of cold compression unit after the epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY FOR THE SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shockwave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wang, Ching-Jen. "Extracorporeal Shockwave Therapy in Musculoskeletal Disorders," Journal of Orthopaedic Surgery and Research 7.1 (2012) 1-8

Decision rationale: Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc." The clinical documentation submitted for review failed to support the necessity for shockwave therapy. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for shock wave therapy for the spine is not medically necessary and appropriate.