

Case Number:	CM14-0029876		
Date Assigned:	08/25/2014	Date of Injury:	06/01/2013
Decision Date:	10/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 52-year-old male who reported an injury on 06/01/2013. . The mechanism of injury was the injured worker was struck in the left leg by a rolling rail at the car wash, which caused the injured worker to lose his balance and fall backwards, twisting his back and landing on top of the rolling rails with his back and left elbow. The injured worker's prior treatments included medications, physical and chiropractic therapy, injections and Localized Intensive Neurostimulation Therapy and extracorporeal shockwave therapy. The surgical history was noncontributory. The injured worker underwent nerve conduction studies of the bilateral upper extremities. The injured worker underwent an MRI of the lumbar spine. The documentation from 08/14/2014 revealed the injured worker's assessment was unchanged. The injured worker had lumbar pain. The subsequent documentation on 08/29/2013 revealed the injured worker had 6 sessions of extracorporeal shockwave therapy. The documentation indicated the shockwave therapy had helped. Additionally, it was indicated the injured worker had measurable improvement in pain. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave treatments (ESWT) for 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: The Official Disability Guidelines do not recommend shockwave therapy. Additionally, it was indicated the injured worker had measurable improvement in pain. However, there was a lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the body part to be treated. There was a lack of documentation to indicate the date (s) of service being requested and there was a lack of documentation of a specific note requesting the service. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to Guideline recommendations. Given the above, the request for extracorporeal shockwave treatments (ESWT) for 4 sessions is not medically necessary.