

<b>Case Number:</b>	CM14-0030356		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 05/02/2012 of an unknown mechanism. On 02/12/2014 injured worker complained of pain in the upper and middle back that radiates down bilaterally to the L4 and L1 dermatomes. The injured worker stated his pain level was 10/10 for his upper and middle back. On the physical examination done on 02/12/2014 objective findings were the thoracic spine had a grade 2 tenderness to palpation over the paraspinal muscles and palpable spasms, with restricted range of motion. The lumbar spine had a grade 2 tenderness to palpation over the paraspinal muscles and palpable spasms, with restricted range of motion. There was trigger points noted. It was noted the injured worker stated that the Tramadol makes him dizzy. The injured worker medication included Menthoderm, FluriFlex 180gm, TGHOT 180gm, Omeprazole 20 mg and Motrin 600 mg. The injured worker diagnoses included thoracic spine musculoligamentous stain/sprain, lumbar spine musculoligamentous stain/sprain with radiculitis, multiple disc protrusions, depression/anxiety situational and sleep disturbance secondary to pain. The treatment plan included for a decision for one retrospective shockwave treatment between 7/30/2013 and 7/30/2013. The authorization for request was not submitted with this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Shockwave treatment sessions (Date of Service 7/30/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**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 - Lumbar & Thoracic (Acute & Chronic). Shock Wave Therapy.

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend as an option for one retrospective shockwave treatment. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The injured worker diagnoses included thoracic spine musculoligamentous stain/sprain, lumbar spine musculoligamentous stain/sprain with radiculitis, multiple disc protrusions, depression/anxiety situational and sleep disturbance secondary to pain. In addition, the request did not specify the location where the shockwave treatment is needed for the injured worker. Given the above, the request for one shockwave treatment sessions (Date of Service 7/30/2013) is not medically necessary and appropriate.