

Case Number:	CM14-0032877		
Date Assigned:	03/21/2014	Date of Injury:	06/01/2013
Decision Date:	05/28/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, 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 Physician 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 patient is a 52 year old male who reported an injury to his low back. Clinical note dated 07/19/13 indicated the patient indicated the initial injury occurred on 07/01/13 when he was struck by a slow moving car at a car wash, lost his balance, and fell backwards twisting his back. The patient underwent functional capacity evaluation. The patient demonstrated 40 degrees of lumbar flexion, 15 degrees of extension, and 10 degrees of bilateral lateral bending. The patient was temporarily totally disabled until 08/29/13. The patient was recommended for localized intense neurostimulation therapy, shockwave therapy, and acupuncture treatments. Clinical note dated 09/25/13 indicated the patient continuing with complaints of low back pain. Upon exam paraspinal spasms were identified with tenderness over L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 EXTRACORPOREAL SHOCKWAVE THERAPY VISITS (DOS: 8/8/13, 8/15/13, 8/22/13, 8/29/13) BETWEEN 8/8/2013 AND 8/29/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), 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 CHAPTER, SHOCKWAVE THERAPY.

Decision rationale: The employee has complaints of ongoing low back pain with associated tenderness and spasms. Currently no high quality studies exist supporting the safety and efficacy of the use of shockwave therapy in the low back. Given that articles have been published in the peer reviewed literature supporting the use of shockwave therapy in the low back this request is not indicated as medically necessary.