

<b>Case Number:</b>	CM14-0039182		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Family Medicine, 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 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:

This is a 39 year old female claimant, who sustained a work injury on 11/8/10 involving the low back and bilateral knees. She was diagnosed with lumbar sprain, L3-S1 disc bulges with radiculopathy and bilateral meniscal tears. A progress note on 1/13/14 indicated she had 3-5/10 low back pain radiating to the legs. Exam findings were notable for paralumbar tenderness, reduced range of motion of the lumbar spine. The treating physician recommended 5 sessions of extracorporeal treatments of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Extracorporeal shockwave therapy for L spine x5: 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.

**Decision rationale:** The MTUS and ACOEM guidelines do not specifically address shock wave therapy. According to the ODG guidelines, it is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating lower back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should

be discouraged. Based on the lack of evidence, evaluation of response after 1 treatment and clinical supporting information /rationalization for its use, the Extracorporeal Shockwave Therapy For L Spine five times is not medically necessary.