

Case Number:	CM14-0039740		
Date Assigned:	06/27/2014	Date of Injury:	05/19/2012
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 injured worker's date of injury is 05/19/2012. The patient receives treatment for chronic low back pain that radiates to the lower extremities. The patient had an MRI of the lumbar spine on 11/05/2012, which showed an L5-S1 degenerative disc, without any sign of cord compression. The patient received chiropractic treatment for the back. The physician's treatment note dated 02/11/2014 states there is worsening of the low back pain and there is tingling going down the legs. The patient reports that the injection helped ease the pain for 4 months. On exam there is tenderness to palpation with spasms of the paraspinals and left sacroiliac. Sensation exam is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy lumbar spine, right levator scapulla: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

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, Shock wave therapy.

Decision rationale: This patient receives treatment for chronic back pain. Extracorporeal shock wave therapy (ESWT) is not recommended for low back pain because the available evidence does not support its use for the back. The levator scapula muscles are an upper back muscle. ESWT is not medically indicated for treatment of the upper back muscles either. ESWT treatment is not medically indicated in either location for this patient.