

Case Number:	CM14-0050542		
Date Assigned:	06/25/2014	Date of Injury:	07/13/2011
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Nuerology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

On 10/1/13 report notes pain in the back as well as right knee. Pain is worsened by walking up and down stairs and increased driving time to work. Examination notes pain in all planes, with bilateral positive SLR. Strength is 5/5 bilateral. 2/4/14 report notes pain in the back. Physical examination noted pain in all planes with reduced range of motion of the lumbar spine. Strength was 5/5 bilateral and there was tenderness to palpation of the spine muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy x 4-6 sessions Lumbar Spine: 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, shock wave therapy.

Decision rationale: ODG supports that there is no evidence of effectiveness of shockwave therapy. The available medical records do not demonstrate specific conservative therapies tried

to date and failed or demonstrate findings in support of shock wave therapy demonstrating extraordinary circumstances to support this therapy.