

<b>Case Number:</b>	CM14-0063000		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Pain Management 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:

The injured worker is a 46-year-old female who sustained an injury on December 10, 2010. She is diagnosed with (a) bilateral carpal tunnel syndrome, (b) upper extremity radiculitis, (c) lumbago, (d) lumbar radiculopathy, (e) right knee pain, and (f) left ankle pain. She was seen on September 30, 2013 for an evaluation. She reported low back pain as one of her complaints. Examination of the lumbar spine revealed tenderness with spasms over the lumbar paraspinal muscles. Range of motion was decreased. Straight leg raising test was positive bilaterally. On March 19, 2014 and April 2, 2014, she underwent extracorporeal shockwave therapy to the low back and tolerated the procedure well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shockwave therapy Official Disability Guidelines (ODG), Ankle & Foot Chapter, Extracorporeal shockwave therapy

**Decision rationale:** Guidelines stated that low energy form of this modality is approved only for conditions of calcifying tendinitis of the shoulder and chronic plantar fasciitis. The use of extracorporeal shockwave therapy to the lumbar spine is not addressed and supported by the guidelines. Therefore, the requested service is not considered medically necessary.