

Case Number:	CM14-0067466		
Date Assigned:	07/11/2014	Date of Injury:	06/07/2013
Decision Date:	09/18/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who sustained an industrial injury on 06/07/2013. The mechanism of injury is described as lifting supplies. Chiropractic treatment helped for a short period of time and acupuncture helped decreased his leg pain. Magnetic resonance image of the lumbar spine dated 08/01/13, revealed 2 mm disc bulge at L1-2 and L2-3 without evidence of spinal stenosis or neural foraminal narrowing. At L3-4 there is a 3 mm disc bulge with resultant mild bilateral neural foraminal narrowing. At L4-5 there is a 4 mm disc bulge with mild to moderate bilateral neural foraminal narrowing. At L5-S1 there is a 3 mm posterior disc protrusion with moderate to severe left neural foraminal narrowing. Note dated 04/02/14, indicated that the injured worker presents with a single point cane. Qualified medical evaluation dated 04/11/14, indicates that diagnosis is lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Shock wave therapy.

Decision rationale: Based on the clinical information provided, the request for shockwave therapy is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration of requested treatment. The Official Disability Guidelines (ODG) note that shockwave therapy is not recommended as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Additionally, there is no current detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. As such, this request is not medically necessary.