

<b>Case Number:</b>	CM14-0067897		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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:

The patient is a 29-year-old male with a 10/10/13 date of injury. The current diagnoses thoracalgia, thoracic neuritis, thoracic myospasms, lumbar myospasms, lumbar disc herniation, lumbar radiculitis, and cervical radiculitis. The treatments noted to date are acupuncture, physical therapy, lumbar epidural steroid injection, and medications. On 4/21/14, at the time of the request for authorization for shockwave therapy to the lumbar spine and Orthopedic follow up, there were subjective documentation of continuous increased pain to the neck radiating to the shoulders, increased low back pain radiating to the lower extremities with numbness to the right heel and weakness in the right foot as well as objective documentation of decreased cervical range of motion with pain, tenderness to palpation over the right cervical paraspinal musculature, decreased lumbar range of motion, tenderness to palpation over the thoracic and lumbar spine, and positive straight leg raise findings. Regarding Orthopedic follow up, there is no documentation that the diagnosis is uncertain or extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy To The 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.

**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:** MTUS does not address this issue. ODG identifies that shock wave therapy to the lumbar spine is not recommended and that the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. Therefore, based on guidelines and review of the evidence, shockwave therapy to the lumbar spine is not medically necessary and appropriate.

**Orthopedic Follow Up With [REDACTED]:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** MTUS ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information for review, there is documentation of diagnoses of thoracalgia, thoracic neuritis, thoracic myospasms, lumbar myospasms, lumbar disc herniation, lumbar radiculitis, and cervical radiculitis. There is no documentation of a rationale for the requested orthopedic follow up visit. There is no documentation that a diagnosis is uncertain or extremely complex, or that psychosocial facts are present, nor that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the orthopedic follow up with is not medically necessary and appropriate.