

Case Number:	CM14-0067970		
Date Assigned:	07/11/2014	Date of Injury:	05/25/2012
Decision Date:	12/02/2014	UR Denial Date:	04/28/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of May 25, 2012. A utilization review determination dated April 28, 2014 recommends noncertification of shockwave therapy for the lumbar spine. A progress report dated October 2, 2013 identifies subjective complaints of pain in the neck, upper back, lower back, right shoulder, as well as anxiety and depression. Physical examination findings revealed tenderness to palpation in the cervical, thoracic, and lumbar spine. Diagnoses include cervical spine disc bulge, thoracic sprain strain, lumbar spine disc rupture, right shoulder internal derangement, and other problems unrelated to current evaluation. The treatment plan recommends shockwave, physical therapy, acupuncture, ortho stim, psych consults, pain medicine consult, orthopedic consult, urology consult, and hand surgery consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 1 x 6 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

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 Chapter, Shock wave therapy

Decision rationale: Regarding the request for shockwave therapy for lumbar spine, California MTUS does not address the issue. ODG does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the request for Shockwave Therapy for Lumbar Spine is not medically necessary.