

Case Number:	CM14-0077952		
Date Assigned:	07/18/2014	Date of Injury:	04/03/2013
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Interventional Spine 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 38 years old male with an injury date on 04/13/2013. Based on the 04/08/2014 progress report provided by Dr. [REDACTED], the diagnoses are: 1. Lumbar IVD syndrome. 2. Lumbar radiculitis. 3. Cervical s/s. 4. Thumb sprain strain. According to this report, the patient complains of neck pain without radiation and low back pain with radiation to the lower left extremity. Physical exam was note provided in this report. The 01/07/2014 report indicates positive compression test, bilaterally. Cervical and lumbar ranges of motion are slightly restricted. Myospasm is noted at the bilateral lumbar paravertebral muscles. There were no other significant findings noted on this report. The utilization review denied the request on 04/30/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 11/01/2013 to 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1xWK x 6WKS Cervical and Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9823633> (Using extracorporeal shockwave therapin in orthopedics); Official Disability Guidelines, 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) Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011).

Decision rationale: According to the 04/08/2014 report by Dr. [REDACTED] this patient presents with neck pain without radiation and low back pain with radiation to the lower left extremity. The physician is requesting 6 sessions of Extracorporeal for the cervical and lumbar spine. Regarding ESWT, MTUS and ODG does not discuss ESWT for the cervical spine, however ODG guidelines does discuss ESWT for the lumbar spine. ODG states "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged (Seco, 2011)." This request is deemed not medically necessary.