

<b>Case Number:</b>	CM14-0078967		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 claimant is a 37 year old male who sustained a work injury on 10-13-13. It is noted that on 4-10-14 notes the claimant reports burning, radicular low back pain and muscle spasms with associated numbness and tingling. The claimant reports stress, anxiety and insomnia due to the injury. It is noted that on exam, the claimant has decreased range of motion. He is able to heel and toe walk but with pain. There was pain with palpation. Motor strength is 4/5. DTR are 2+.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy for 6 treatments, Lumbar Spine:** Upheld

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

**Decision rationale:** ACOEM guidelines do not address shockwave therapy for low back disorders. ODG notes that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. There is an absence in documentation to support shockwave therapy for his low back pain complaints or that there are extenuating circumstances to support providing treatment to this claimant that is not

supported by the medical literature. Therefore, the medial necessity of this request is not established.