

Case Number:	CM14-0093110		
Date Assigned:	09/10/2014	Date of Injury:	03/01/2013
Decision Date:	11/05/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 has a date of injury of 3/1/2013. The medical records were reviewed. The diagnoses include musculoskeletal ligamentous injury of cervical, thoracic and lumbar spine, myofasciitis and radiculitis. The treatment plan includes pain management, acupuncture, chiropractic, physical therapy, home exercise program and diagnostic studies. The request is for shock wave therapy of the lumbar spine for six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy of the lumbar spine for six sessions: 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 Shock wave therapy

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: The California MTUS is silent on the topic of shock wave therapy for low back pain. Official Disability Guidelines states that shock wave therapy is not recommended

because available evidence does not support the effectiveness of shock wave therapy in treating low back pain. Therefore, the request for shock wave therapy is not medically necessary.