

<b>Case Number:</b>	CM14-0097972		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Nevada. 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 records presented for review indicate that this 67-year-old gentleman was reportedly injured on June 21, 2013. The mechanism of injury is noted as lifting fire extinguishers. The most recent progress note, dated May 8, 2014, indicates that there are on-going complaints of low back pain. The physical examination demonstrated tenderness along the midline of the cervical spine as well as paraspinal muscles, trapezius, rhomboids, levator scapulae, and occipital muscles. There was also tenderness along the lumbar spine paraspinal muscles and slightly decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine shows spondylitic changes throughout the lumbar spine and a disc bulge at L4 - L5 causing bilateral exiting nerve root compromise. Previous treatment includes physical therapy and oral medications. A request had been made for shock wave therapy for the lumbar spine and was not certified in the pre-authorization process on June 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock Wave Therapy for the lumbar (unspecified duration): 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 (updated 3/31/14), 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), Shoulder, Extracorporeal Shock Wave Therapy.

**Decision rationale:** According to the Official Disability Guidelines extracorporeal shock wave therapy is recommended for certain conditions of the shoulder, elbow, and foot has no indication for the lumbar spine. Considering this, the request for shock wave therapy for the lumbar spine is not medically necessary.