

Case Number:	CM14-0184578		
Date Assigned:	11/12/2014	Date of Injury:	06/29/2006
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, and lumbar spine herniated nucleus pulposus associated with an industrial injury date of 6/9/2006. Medical records from 2014 were reviewed. The patient complained of pain in her mid-back and low back associated with numbness and weakness of the lower extremities rated 8/10 in severity. Physical examination showed muscle spasm over paracervical and paralumbar muscles, muscle guarding over lumbar area, and stiffness of thoracolumbar facet joints. The patient was unable to perform range of motion of the lumbar spine. Straight leg raise test was negative bilaterally. Weakness was noted at bilateral lower extremities. Sensation was intact. Treatment to date has included acupuncture and medications. The utilization review from 10/23/2014 denied the request for orthopedic shockwave for the cervical, thoracic and lumbar spine regions because the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shockwave for the cervical, thoracic and lumbar spine regions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Shockwave Therapy

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. CA MTUS, ODG and other scientific literature failed to yield high-quality studies which addressed the efficacy and safety of application of ESWT to the cervical spine. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the patient was prescribed Extracorporeal Shockwave Therapy (ESWT) without any documented rationale. The records reviewed failed to establish compelling circumstances, identifying why ESWT for the neck and low back be required despite adverse evidence. Therefore, the request for orthopedic shockwave for the cervical, thoracic and lumbar spine regions is not medically necessary.