

<b>Case Number:</b>	CM14-0209293		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Practice and is licensed to practice in New Jersey. 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 injured worker is a 50 year-old female who was injured due to repetitive work on 6/1/11. She complained of constant, neck, low back pain, bilateral shoulder, and bilateral wrist pain. On exam, she had tender lumbar paraspinal muscles with decreased range of motion. She had bilateral wrist and hand tenderness over the volar aspect. There is decreased range of motion, and positive Finkelstein's test bilaterally. She had positive Tinel's and Phalen's bilaterally. In 9/2014, she had an MRI of lumbar spine showing early disc desiccation at L1-2 with diffuse disc protrusion effacing the thecal sac. Spinal canal and neural foramina were patent at all lumbar spine levels. She was diagnosed with lumbar radiculitis, bilateral wrist tenosynovitis, and carpal tunnel syndrome. She had extensive physical therapy for her carpal tunnel syndrome without relief of symptoms. She used cock up splints. She also had corticosteroid injections to both wrists. She used anti-inflammatories, topical analgesics, and gastric protection. The current request is for shockwave therapy for the lumbar which was denied by utilization review on 7/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy for the lumbar:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Shockwave therapy.

**Decision rationale:** The request is considered not medically necessary. Since MTUS guidelines do not address the use of shock wave therapy for the lower back, ODG guidelines were used. According to ODG, shock wave therapy for the lower back is not recommended. The available evidence doesn't support the effectiveness of shockwave therapy for the lower back. Therefore, clinical use is not justified and is not recommended. Therefore, the request is considered not medically necessary.