

<b>Case Number:</b>	CM14-0209923		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/20/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 underlying date of injury in this case is 09/29/2008. The date of the utilization review under appeal is 11/20/2014. On 04/15/2014, the primary treating orthopedic physician saw the patient in follow-up regarding low back pain with a history of lumbar disc displacement without myelopathy. Limited clinical details are provided on that form. A request was made for extracorporeal shock wave therapy for treatment of this patient's lumbosacral condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy 1 time per week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Procedure

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, pages 98-99, recommends active independent rehabilitation in the chronic phase, such as this injury. This guideline does not discuss or recommend use of extracorporeal shock wave therapy. Official Disability Guidelines/Treatment in Workers' Compensation does discuss shock wave therapy to specific body parts such as the shoulder and foot and ankle. However, Official Disability Guidelines/Treatment in Workers' Compensation/Low Back does not discuss extracorporeal shock wave therapy as a treatment to the low back. Overall, this request is not supported by the treatment guidelines. This request is not medically necessary.