

Case Number:	CM14-0213848		
Date Assigned:	12/31/2014	Date of Injury:	01/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 66-year-old gentleman with a date of injury of 01/08/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/05/2014 indicated the worker was experiencing insomnia, fatigue, and pain. The handwriting for this note could not be read with complete confidence. The documented examination described decreased motion in the upper and lower back joints with spasms. The submitted and reviewed documentation concluded the worker was suffering from herniated nucleus pulposus involving the upper and lower back. Treatment recommendations included medications, medicinal foods, chiropractic care, urinary drug screen testing, shockwave therapy, and follow up care. A Utilization Review decision was rendered on 12/12/2014 recommending non-certification for six sessions of ortho shockwave therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Ortho Shockwave Therapy - lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Shockwave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 203; 29 AND 40; 371. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Khan K, et al. Overview of the management of overuse (chronic) tendinopathy. Topic 230, version 14.0. UpToDate, accessed 02/19/2015.

Decision rationale: The ACOEM Guidelines support the use of shock wave therapy for some cases of calcifying shoulder tendinitis and plantar fasciitis, although the literature is limited. There is no good literature to support the use of shock wave therapy for lower back issues. The submitted and reviewed documentation did not include a discussion of special circumstances that supported this request. In the absence of such evidence, the current request for six sessions of ortho shockwave therapy for the lumbar spine is not medically necessary.