

Case Number:	CM14-0217466		
Date Assigned:	01/07/2015	Date of Injury:	09/29/2011
Decision Date:	03/16/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who reported an injury on 09/29/2011. The mechanism of injury was not provided. On 08/15/2014, the injured worker presented with complaints of low back pain associated with numbness and tingling in the legs. Examination of the lumbar spine revealed tenderness to palpation with guarding and spasm noted over the paravertebral region bilaterally. There was a positive seated straight leg raise on the right. There were trigger points notable in the lumbar paraspinal muscles bilaterally, with 4/5 strength with flexion, extension, and bilateral bending. There was restricted range of motion due to pain and spasm. Decreased sensation to the bilateral S1 dermatome. The diagnoses were lumbar degenerative disc disease, lumbar disc protrusion, and bilateral lower extremity radiculopathy. Current therapies were not noted. The provider recommended ortho shockwave for the lumbar spine; there was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave for the 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for ortho shockwave for the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that some medium quality evidence supports manual physical therapy, ultrasound and high energy electrocorporeal shockwave therapy for calcifying tendinitis of the shoulder. Initial use of less invasive techniques provided opportunity for the clinician to monitor progress prior to referral to a specialist. There is lack of information in the physical exam and a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress with the prior treatments. The documentation provided is unclear as to how the electrocorporeal shockwave would provide the injured worker with functional improvement. Additionally, the amount of shockwave therapy that is being recommended was not submitted in the request. As such, medical necessity has not been established.