

Case Number:	CM15-0003241		
Date Assigned:	01/14/2015	Date of Injury:	01/27/2012
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York
 Certification(s)/Specialty: Emergency 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 (IW) is a 72 year old female who sustained an industrial injury reported on 1/9/2012. She has reported persistent pain in the neck, entire back, and upper arms which she rated 7-8/10. The diagnoses have included cervical spine pain and discogenic disease with radiculitis; exacerbation of lumbar and thoracic spine pain; and lumbosacral spine discogenic disease with radiculitis. Physical examination documented on 8/28/2014 reported tenderness to palpation and spasm over paraspinal muscles including cervical, thoracic, and lumbar spine. Additionally, the Injured Worker had restricted range of motion throughout spine. Treatments to date have included consultations; specialized imaging studies; extra corporeal shock wave treatment on 5/21/14, 5/28/14, 6/4/14 and 6/11/14; physical therapy; acupuncture therapy; injection therapy; and medication management. The work status continued to be temporary total disability. On 12/15/2014, Utilization Review non-certified, for medical necessity, the request for retrospective shockwave special reports, special reports and treatments for dates of service 5/21/2014, 5/28/2014, 6/4/2014 and 6/11/2014. Official Disability Guidelines low back chapter was cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave special reports (DOS 06/11/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Special reports (DOS 6/11/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation, at what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave treatment (DOS: 6/11/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain

throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave special reports (DOS 6/4/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Special reports (DOS 6/4/14): Upheld

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MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave treatment (DOS 6/4/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave special reports (DOS 5/28/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Special reports (DOS 5/28/14): Upheld

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MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave treatment (DOS 5/28/14): Upheld

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MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave special reports (DOS 5/21/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Special reports (DOS 5/21/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

Decision rationale: CA MTUS is silent on this topic. According to ODG guidelines, shockwave treatment is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The Injured Worker has pain throughout her entire spine. It is unclear from the documentation what level the extracorporeal

shock wave treatment was provided. As the treatments are not recommended for low back pain, the request for treatments and special reports are not medically necessary.

Shockwave treatment (DOS 5/21/14): 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - shock wave therapy

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