

Case Number:	CM15-0008785		
Date Assigned:	02/25/2015	Date of Injury:	01/27/2012
Decision Date:	05/01/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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 is a 72 year old female who has reported widespread pain after a lifting injury on 01/27/2012. The diagnoses have included cervical, thoracic, and lumbar pain, discogenic disease, and radiculitis. Treatments have included physical therapy, chiropractic, acupuncture, shock wave treatments, medications, LINT, and multiple neck and back injections. The records show shockwave therapy performed on 4 days, from 5/21/14 to 6/11/14. The treating physician reports from the time of the shockwave treatments do not provide the patient-specific indications for this therapy. There was no clinical benefit per the subsequent reports. The treatments appear to have been applied to the back and possibly to the neck as well. The IW remained temporary total disability. On 12/15/2014 utilization review non-certified the shockwave therapy now referred for Independent Medical Review. The Official Disability Guidelines were cited in support of this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: shockwave special reports (DOS 6-11-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective: special reports (DOS 06-11-14) quantity 1:00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective: shockwave treatment (DOS 06-11-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: shockwave special reports (DOS 06-04-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: special reports (DOS 06-04-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request for: shockwave treatment (DOS 06-04-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: shockwave special reports (DOS 05-28-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: special reports (DOS 05-28-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: shockwave treatment (DOS 05-28-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: shockwave special reports (DOS 05-21-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: special reports (DOS 05-21-14) quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

Retrospective request: shockwave treatment (DOS 05-21-14) quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Low back chapter, Shock wave therapy.

Decision rationale: The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.