

<b>Case Number:</b>	CM15-0009490		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 24 year old female, who sustained an industrial injury on 12/17/2012. She has reported pain in the neck, back, and the bilateral shoulders, elbows, and wrists. The diagnoses have included lumbar spine pain and myofascial pain syndrome. Treatment to date has included medications, injections, physical and manipulating therapy, and extracorporeal shockwave therapy. A progress note from the treating physician, dated 07/03/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the neck, mid/upper back, bilateral shoulders, and bilateral elbows; pain and numbness in the bilateral wrists; mid/upper back and lower back pain is rated 8/10 on the visual analog scale. Objective findings included grade 3 tenderness to palpation over the cervical paraspinal muscles and 3 palpable spasm; restricted range of motion; cervical compression and distraction test are positive; trigger points are noted; grade 2-3 tenderness to palpation over the thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, and bilateral wrists. The treatment plan has included continuing acupuncture and follow-up evaluation as scheduled. An extracorporeal shockwave therapeutic procedure was performed on 11/26/2014. On 11/26/2014 Utilization Review noncertified a Retrospective Review: Shockwave Treatment (Lumbar Spine) DOS 11/26/2014. The CA MTUS; and ODG Treatment Guidelines: Elbow were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of a Retrospective Review: Shockwave Treatment (Lumbar Spine) DOS 11/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Review: Shockwave Treatment (Lumbar Spine) DOS: 11/26/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines- Elbow

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

**Decision rationale:** According to ODG guidelines, Shock wave therapy 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. Based on the above and the lack of strong evidence supporting the use of shock wave therapy in the treatment of back pain, the request of Shockwave Treatment (Lumbar Spine) DOS: 11/26/2014 is not medically necessary.