

Case Number:	CM15-0101153		
Date Assigned:	06/03/2015	Date of Injury:	02/19/2015
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 23 year old male who sustained an industrial injury on 02/19/2015. No mechanism of injury was documented. The injured worker was diagnosed with lumbar sprain/strain, lumbar radiculopathy, right and left wrist sprain/strain and bilateral hand tenosynovitis. Treatment to date includes diagnostic testing with lumbar spine magnetic resonance imaging (MRI), conservative measures, modified activity, physical and manipulation therapy, acupuncture therapy, steroid injection and medications. According to the primary treating physician's progress report on April 7, 2015, the injured worker continues to experience low back pain and bilateral wrist pain with numbness and tingling of the fingers and thumb. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles. Valsalva maneuver caused pain. Tenderness to palpation of the lateral and medial right wrist was documented with Tinel's, Phalen's and Finklestein's causing pain on the right. The left wrist was tender to palpation with positive Finklestein's. The injured worker received the second extracorporeal shockwave therapy (ECSWT) on April 23, 2015. Current medications were not listed. Treatment plan consists of psychologist evaluation, lumbar magnetic resonance imaging (MRI) and the current request for extracorporeal shockwave therapy once a week for six weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 1xwk x 6 wks 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), Low back - Shockwave therapy.

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-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy and Other Medical Treatment Guidelines Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. *Annals of Rehabilitation Medicine*. 2012;36 (5):665-674.

Decision rationale: The claimant sustained a work-related injury in February 2015 and continues to be treated for low back pain and bilateral wrist pain with numbness and tingling. When seen, there was lumbar paraspinal muscle tenderness. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating low back pain. Therefore, the request was not medically necessary.