

Case Number:	CM15-0108839		
Date Assigned:	06/15/2015	Date of Injury:	04/04/2014
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female who sustained a work related injury April 4, 2014. According to an interventional pain management follow-up evaluation report, dated April 16, 2015, the injured worker presented with complaints of neck, left shoulder, and back pain rated 6-7/10. She reports the pain is better than her last visit in February. She underwent an L5-S1 transforaminal epidural steroid injection reported as helpful for 6 weeks with 75-80% improvement. Physical examination revealed a wide based gait and performed heel-toe walk without difficulty. There is diffuse tenderness to palpation over the lumbar paraspinal muscles and moderate facet tenderness to palpation at L4-S1. There is decreased sensation in the L5 distribution, left greater than right. Diagnoses are cervical discopathy and radiculopathy; left shoulder impingement; lumbar discopathy and radiculopathy; lumbar facet syndrome; left sacroiliac joint arthropathy. Treatment plan included request for possible epidural steroid injection under fluoroscopy. At issue, is the request for authorization for shockwave therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the lumbar spine, quantity: 6 sessions: 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 (updated 05/15/15)-Online Version, Shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back section, Shockwave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, shockwave therapy to the lumbar spine #6 sessions are not medically necessary. Shockwave therapy is not recommended. The available evidence does not support the effectiveness ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, not indicated. The injured worker is working diagnoses are lumbar spine disc bulge; lumbar spine radiculitis; left shoulder impingement; left shoulder tendinitis; and cervical discopathy. The date of injury is April 14, 2014. A progress note dated April 13, 2015 shows the treating provider wanted a trial of extracorporeal shock wave therapy to the low back. Subjectively, the injured worker has neck, back and shoulder pain. The injured worker received a lumbar epidural steroid injection with decreased pain. Shockwave therapy is not recommended. The available evidence does not support the effectiveness ultrasound or shockwave for treating low back pain. Consequently, absent guideline recommendations for shockwave therapy, shockwave therapy to the lumbar spine #6 sessions are not medically necessary.