

Case Number:	CM15-0130281		
Date Assigned:	07/16/2015	Date of Injury:	10/01/2013
Decision Date:	08/18/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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
 Certification(s)/Specialty: Family Practice

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 October 1, 2013, incurred back injuries from repetitive lifting. He was diagnosed with a lumbosacral joint sprain. Treatment included physical therapy, acupuncture, pain medications, anti-inflammatory drugs, and work restrictions. Currently, the injured worker complained of persistent stiffness, burning, pulling and swelling to his upper, mid and low back. He currently was diagnosed with thoracic degenerative disc disease, thoracic disc protrusion, lumbar disc protrusion and lumbar myospasm. He was referred for chiropractic sessions, physiotherapy and pain management. The treatment plan that was requested for authorization included shock wave therapy for the thoracic and lumbar spine and functional capacity evaluation for the thoracic and lumbar spine. Utilization Review certified the request for acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy once a week for twelve weeks for the thoracic and 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, Low Back Chapter.

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 / Shock Wave Therapy.

Decision rationale: As noted in ODG's lumbar and thoracic chapter, shock wave therapy is not recommended. ODG notes that, "The available evidence does not support the effectiveness of ultrasound or shock wave 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. (Seco, 2011)" The request for extracorporeal shock wave therapy is therefore not supported. The request for Extracorporeal Shock Wave Therapy once a week for twelve weeks for the thoracic and lumbar spine is not medically necessary and appropriate.

Functional Capacity Evaluation for the thoracic spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation.

Decision rationale: According to the Official Disability Guidelines, Functional Capacity Evaluation may be considered if complex issues such as prior unsuccessful return to work hamper case management or if timing is appropriate such as the injured worker being close or at MMI (Maximum Medical Improvement). In this case, there is no evidence that case complex issues such as prior unsuccessful return to work hamper management. In addition, the injured worker is not at MMI (Maximum Medical Improvement as acupuncture has been requested and has been certified. The request for Functional Capacity Evaluation for the thoracic spine and lumbar spine is not medically necessary and appropriate.