

<b>Case Number:</b>	CM15-0130980		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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(n) 42 year old male, who sustained an industrial injury on 7/30/10. He reported pain in his neck and lower back. The injured worker was diagnosed as having cervical myofascial pain, cervical paraspinal trigger points and lumbar myofascial pain. Treatment to date has included a cervical MRI on 11/13/14 showing C6-C7 diffuse disc herniation and C5-C6 focal central disc herniation, physical therapy and acupuncture with benefit and Naproxen and Tramadol. As of the PR2 dated 6/1/15, the injured worker reports 7/10 pain in the cervical spine and 3/10 pain in the lower back. Objective findings include cervical flexion 40 degrees, extension 30 degrees, rotation 35 degrees bilaterally and lateral tilt 35 degrees bilaterally. There is also decreased lumbar range of motion and spasms in the lumbosacral musculature and cervical trapezius. The treating physician requested extracorporeal shockwave therapy x 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy Qty 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Rehabil Med. 2012, Epub 2013 Oct 31.

**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 injury in July 2010 continues to be treated for neck and low back pain. When seen, there was decreased cervical spine and lumbar spine range of motion with muscle spasms. Medications were allowing him to continue performing activities of daily living. Authorization for shockwave treatments for myofascial pain and trigger points was requested. 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. The request was not medically necessary.