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| Case Number: | CM15-0132918 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 03/23/2015 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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:

This 44 year old man sustained an industrial injury on 3/23/2015. The mechanism of injury is not detailed. Diagnoses include thoracic sprain/strain and lumbar radiculitis. Treatment has included oral medications. Physician notes on a PR-2 dated 5/14/2015 show complaints of mid and upper back pain. Recommendations include lumbar spine MRI, shockwave therapy, pain medication consultation, and please send previous medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Extracorporeal shockwave therapy, lower back, 6 sessions, (3 since 5/15/15):
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), lumbar ESWT.

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 section, (ECSWT) Extracorporeal shockwave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, (ECSWT) retrospective extracorporeal shockwave therapy, low back, six sessions (three since May 15, 2015) is 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, the injured worker's working diagnoses are lumbar disc displacement; and lumbosacral neuritis. The date of injury is March 23, 2015. The request for authorization is June 15, 2015. According to a June 26, 2015 progress note, the injured worker failed physical therapy, manipulative therapy, acupuncture, injections and prescribed medications. Objectively, there was no physical examination the medical record. 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 extracorporeal shock wave therapy, retrospective extracorporeal shockwave therapy, low back, six sessions (three since May 15, 2015) is not medically necessary.