

Case Number:	CM15-0137173		
Date Assigned:	07/27/2015	Date of Injury:	02/09/2015
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, 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 44 year old male with an industrial injury dated 02/09/2015. His diagnoses included multiple trigger point's lumbo-paraspinal musculature, rule out intradiscal component, and rule out lumbar radiculopathy. Prior treatments included trigger point injections, physical therapy, home exercise, myofascial release and medications. He presents on 06/03/2015 with complaints of low back pain with right greater than left lower extremity symptoms rated 8/10. He notes medication at current dosing facilitates maintenance of activities of daily living. He experienced gastrointestinal upset with non-steroidal anti-inflammatory drugs. The provider notes spasm was refractory to activity modification, stretching, heat, physical therapy and home exercise. Cyclobenzaprine decreases spasm. Objective findings noted tenderness of lumbar spine with multiple tender trigger points. There was diminished sensation right greater than left lumbar 5 and sacral 1 dermatome distributions. Treatment plan included MRI of lumbar spine and extracorporeal shock wave therapy to treat lumbo-paraspinal trigger points/myofascial pain syndrome. The treatment request is for 5 sessions of extracorporeal shockwave therapy for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 sessions of extracorporeal shockwave therapy for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder 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 pain and pg 82.

Decision rationale: According to the guidelines, the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. 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 claimant had undergone therapy, myofascial release, use of analgesics and prior trigger point injections. The request for shock wave therapy is not justified and not medically necessary.