

Case Number:	CM15-0138632		
Date Assigned:	07/28/2015	Date of Injury:	05/31/2013
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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:

This 50-year-old woman sustained an industrial injury on 5/31/2013. The mechanism of injury is not detailed. Diagnoses include lumbosacral foraminal stenosis with radiculopathy, lumbar spondylosis, and lumboparaspinal trigger points. Treatment has included oral medications, trigger point injections, home exercise program, activity modification, and physical therapy. Physician notes dated 6/16/2015 show complaints of low back pain rated 7/10 with right lower extremity symptoms and lumboparaspinal musculature pain. Recommendations include epidural steroid injections, chiropractic care, shockwave therapy, Duloxetine, Hydrocodone/Acetaminophen, Naproxen, Pantoprazole, Cyclobenzaprine, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Shockwave Therapy (ESWT) 5 sessions to the lumbar: 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 - Lumbar & Thoracic (Acute & Chronic, updated 05/15/2015) Shockwave Therapy.

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 Chapter, Shock wave therapy.

Decision rationale: Regarding the request for ESWT for lumbar spine, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine, as the available evidence does not support its effectiveness in treating low back pain. As such, the currently requested ESWT for lumbar spine is not medically necessary.