

Case Number:	CM15-0138777		
Date Assigned:	07/28/2015	Date of Injury:	11/13/2013
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
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: 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 30-year-old male who sustained an industrial injury on 11/13/13 when he was bent in an awkward position he experienced a severe snapping sensation in the lower back that radiated to his testicles. Later that day prior to medical evaluation, he developed pain in the hips, swelling of his testicles and had difficulty standing. He was medically evaluated, had x-rays, injections to his shoulder and back and given medication. He was placed on modified duty but his symptoms were too severe and he was started on physical therapy. He currently complains of neck pain (6/10), mid/ upper back (3/10), lower back (5/10) and bilateral knee pain (3/10). On physical exam there was tenderness to palpation over the paraspinal muscles, restricted range of motion which was unchanged; thoracic spine revealed tenderness to palpation over the paraspinal muscles, unchanged; lumbar spine exam revealed tenderness to palpation over paraspinal muscles, restricted range of motion, positive straight leg raise bilaterally, unchanged from previous visit; bilateral knees show tenderness to palpation which was unchanged. Medications were Tramadol; topical cream Diagnoses include cervical spine musculoligamentous strain/ sprain, rule out cervical discogenic disease; thoracic spine musculoligamentous strain/ sprain; lumbar spine musculoligamentous sprain/ strain, discogenic disease with radiculitis; myofascial pain in bilateral upper trapezii; bilateral knee strain/ sprain, rule out bilateral knee internal derangement, rule out left knee meniscal tear; weight loss, secondary to gastrointestinal distress; sexual dysfunction; depression. Treatments to date include physical therapy; chiropractic treatments; acupuncture; epidural injection. Diagnostics include MRI of the lumbar spine (2/26/14) showing disc desiccation, disc herniation; electromyography/

nerve conduction study of bilateral upper extremities (12/8/14) showed normal results; electromyography/ nerve conduction study of bilateral lower extremities (1/12/15) revealed mononeuropathy at the right ankle. In the progress note dated 4/10/15 the treating provider's plan of care included requests for extracorporeal shockwave therapy of the lumbar spine once a week for five weeks; extracorporeal shockwave therapy of the right trapezius once a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1 x wk x 6 wks 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 (ODG), Low back - Shock wave 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-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 November 2013 and continues to be treated for neck, mid back, upper back, and radiating low back pain and bilateral knee pain. When seen, there was cervical and lumbar paraspinal muscle tenderness with muscle spasms and trigger points. Cervical compression testing and straight leg raising were positive. There was decreased right lower extremity strength and sensation. Compounded topical cream was prescribed. He was referred for shockwave therapy. In terms of shockwave therapy for myofascial pain, other conventional treatments such as use of TENS or trigger point injections are equally effective in providing pain relief and improved range of motion. The available evidence does not support the effectiveness of shock wave therapy for treating low back pain. The request was not medically necessary.

Extracorporeal Shockwave Therapy 1 x wk x 4 wks Right Trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 November 2013 and continues to be treated for neck, mid back, upper back, and radiating low back pain and bilateral knee pain. When seen, there was cervical and lumbar paraspinal muscle tenderness with muscle spasms and

trigger points. Cervical compression testing and straight leg raising were positive. There was decreased right lower extremity strength and sensation. Compounded topical cream was prescribed. He was referred for shockwave therapy. 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 range of motion. The requested shockwave therapy was not medically necessary.