

<b>Case Number:</b>	CM15-0140519		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 41 year old female, who sustained an industrial injury on 8-6-13. She has reported initial complaints of low back pain after a slip and fall injury. The diagnoses have included lumbar spondylosis, lumbar spine trigger points, myofascial pain syndrome, and neural encroachment L1 with radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy, trigger point injections, bracing, ice, heat, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP), and activity modifications. Currently, as per the physician progress note dated 6-4-15, the injured worker complains of low back pain rated 7 out of 10 on pain scale with lower extremity symptoms. She complains of multiple tender trigger points in the lumbar area. The objective findings reveal lumbar tenderness, multiple tender trigger points in the lumbar area, decreased lumbar range of motion, and positive straight leg raise on the left for pain to foot at 35 degrees and on the right to pain in calf at 40 degrees, she had difficulty arising from a seated position and there was lumbar spasm noted. The physician noted that the injured worker has painful trigger points in the lumbar area that are associated with myofascial pain syndrome that significantly limits function and work ability. He also notes that they have been refractory to treatment to date. The physician requested treatment included extracorporeal shock wave therapy x 5 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Extracorporeal shock wave therapy x 5 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & chronic).

**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-related injury in August 2013 and is being treated for radiating low back pain. Prior treatments have included trigger point injections, physical therapy, medications, and activity modification. When seen, there was decreased lumbar spine range of motion with tenderness and multiple trigger points. Left straight leg raising was positive and there was decreased lower extremity strength. The claimant had difficulty when transitioning positions. Extracorporeal shock wave therapy was requested for the treatment of myofascial pain/trigger points. The available evidence does not support the effectiveness of shock wave therapy for treating low back pain. 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. In this case, if trigger point injections have not provided benefit, then the requested treatment would not be expected to be any more successful. The request was not medically necessary.