

Case Number:	CM15-0141427		
Date Assigned:	07/31/2015	Date of Injury:	06/16/2014
Decision Date:	09/03/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, 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 48 year old female, who sustained an industrial injury on 6-16-14. The diagnoses have included lumbar myofascial pain, multiple trigger points, lumboparaspinal, refractory, and thoracic myofascial pain. Treatment to date has included medications, physical therapy, Transcutaneous electrical nerve stimulation (TENS), trigger point injections, acupuncture, acupressure, bracing, ice therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6-11-15, the injured worker complains of low back pain, increased myofascial pain with burning of trigger points, refractory. The injured worker inquires in regards to options as trigger point's result in decline in activity and function and decline in range of motion. The pain is rated 6-8 out of 10 on pain scale. The current medications included Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. The objective findings reveal lumbar tenderness, decreased range of motion, multiple tender trigger points of the lumboparaspinal musculature and spasm of the lumbar and thoracic paraspinal musculature. There is previous physical therapy sessions noted. The physician requested treatment included Extracorporeal Shockwave Therapy (ECSWT) times 5 to treat Lumboparaspinal trigger points-myofascial pain syndrome sessions utilizing the EMS Swiss DolorClast ESW device, 2000 shocks at the level 2 (1.4 bar) per treatment. As per the records provided per dated 5/14/15 patient has reached MMI and was able to work without restrictions. The patient has had history of GI upset with NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ECSWT) x 5 to treat Lumboparaspinal trigger points/myofascial pain syndrome sessions utilizing the EMS Swiss DolorClast ESW device, 2000 shocks at the level 2 (1.4 bar) per treatment: 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; Low Back - Lumbar & Thoracic (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) current online version Shoulder (updated 08/06/15) Extracorporeal shock wave therapy (ESWT) and Other Medical Treatment Guidelines Chapter: Knee & Leg (updated 07/10/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Request; Extracorporeal Shockwave Therapy (ECSWT) x 5 to treat Lumboparaspinal trigger points/myofascial pain. ACOEM and CA-MTUS guidelines do not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. Extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. Per the cited guidelines extracorporeal shockwave treatment is under study compared to the current standard of care emphasizing multimodal physical therapy. The patient had received an unspecified number of the PT visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The medical necessity of the request for Extracorporeal Shockwave Therapy (ECSWT) x 5 to treat Lumboparaspinal trigger points/myofascial pain is not fully established for this patient.