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| Case Number: | CM15-0145332 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 10/22/2013 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52-year-old female who sustained an industrial injury on 10/22/2013. Mechanism of injury occurred when she was lifting a heavy box. Diagnoses include lumbar disc herniation, sciatica, sleep disorder, anxiety, and depressive disorder. She had additional work related injuries on 05-14-2013 injuring her ankle, and on 10-22-2013, she injured her lower back and extremities. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic sessions, and injections. A Magnetic Resonance Imaging of the lumbar spine done on 02-24-2014 revealed a 2mm disc bulge at L4-5, L5-S1, and mild foraminal narrowing at L4-5 bilaterally and right foraminal narrowing at L5-S1 with facet arthropathy at L5-S1. A psychology assessment was done on 06-29-2015 and documents the injured worker has additional diagnoses of Depressive disorder, anxiety and insomnia related to anxiety disorder and chronic pain. Treatment plan includes chiropractic therapy, psyche evaluation and treatment, occupational medical evaluation and treatment, ortho evaluation and treatment, pain management evaluation and bilateral S1 joint injections. Treatment requested is for Extracorporeal Shock Wave Therapy Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Extracorporeal shock wave therapy (ESWT). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The patient developed chronic back pain. There are no controlled studies supporting the use of Extracorporeal Shock Wave Therapy for chronic back pain. In addition, ODG guidelines do not support its use for back pain. There is no documentation that the patient failed at least 3 conservative treatment. Therefore, the request for Extracorporeal Shock Wave Therapy Lumbar is not medically necessary.