

Case Number:	CM15-0145973		
Date Assigned:	08/06/2015	Date of Injury:	03/16/2014
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30-year-old female who sustained an industrial injury on 03-16-2014. There was no mechanism of injury documented. The injured worker was diagnosed with protrusion of the lumbosacral disc with foraminal stenosis. No surgical interventions were documented. Treatment to date has included diagnostic testing, trigger point injections, activity modification, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, lumbosacral orthosis and medications. According to the primary treating physician's progress report on December 12, 2014, the injured worker continues to experience low back pain with right lower extremity symptoms rated as 6 out of 10 on the pain scale. Examination demonstrated tenderness of the lumbar spine with limited range of motion and a positive right straight leg raise. There was decreased spasm of the lumbar paraspinal musculature noted. Current medications were documented as Tramadol and Hydrocodone. Treatment plan consists of Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies, continuing with lumbosacral orthosis, transcutaneous electrical nerve stimulation (TEN's) unit, medication regimen and the current request for extracorporeal shockwave therapy once a week for 5 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (once a week) for Lumbar Spine 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 (ODG), Low Back Chapter, and Shockwave therapy and on the Non-MTUS website, http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0004_coveragepositioncriteria_eswt_for_musculoskeletal_conditions.pdf.

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 Section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for extracorporeal shockwave therapy (once a week) for lumbar spine 5 sessions is determined to not be medically necessary.