

Case Number:	CM15-0146088		
Date Assigned:	08/07/2015	Date of Injury:	09/29/1999
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
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: Texas, New York, 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 29, 1999. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy for the lumbar spine. The claims administrator referenced a June 8, 2015 progress note in its determination. The ACOEM Guidelines Shoulder Chapter was cited, it was incidentally noted. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, left greater than right, 7/10. The applicant exhibited palpable tender points about the lumbar spine. The applicant was using Norco for pain relief. The applicant was given diagnoses of lumbar radiculopathy, lumbar myofascial pain, and trigger points of the lumbar spine. Extracorporeal shockwave therapy for the applicant's lumbar spine complaints/myofascial pain complaints was proposed. The applicant's permanent work restrictions were renewed. The attending provider acknowledged, through preprinted checkboxes, that the applicant had failed to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for the lumbar five (5) times, outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Shock wave therapy.

Decision rationale: No, the request for extracorporeal shockwave therapy, a subset of therapeutic ultrasound, was not medically necessary, medically appropriate, or indicated here. Page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" in the chronic pain context present here. ODG's Low Back Chapter Shockwave Therapy topic also notes that extracorporeal shockwave therapy is not recommended in the treatment of low back pain, noting that usage of shockwave therapy for low back pain is "not justified" and should, moreover, be "discouraged." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of extracorporeal shockwave therapy in the face of the unfavorable MTUS and ODG positions on the same. Therefore, the request was not medically necessary.