

Case Number:	CM15-0149184		
Date Assigned:	08/12/2015	Date of Injury:	03/26/2013
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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: Emergency 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 male who sustained an industrial injury to his lower back on 03-26-2013 while pulling heavy equipment on a dolly. The injured worker was diagnosed with herniated nucleus pulposus, multi-level lumbar spondylosis and refractory trigger points of the lumbar paraspinal musculature. The injured worker is status post lumbar decompression in May 2014. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on June 23, 2015, surgery, modified activity, lumbar epidural steroid injections, physical therapy, trigger point injections, home exercise program and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience low back pain with lower extremity symptoms, greater on the left lower extremity and rated at 7 out of 10 on the pain scale. Examination demonstrated tenderness of the lumbar spine and lumbar paraspinal musculature with multiple tender trigger points on the paraspinal muscles. Range of motion was documented as flexion at 40 degrees, extension at 30 degrees, bilateral lateral tilt and bilateral rotation at 30 degrees each. Positive straight leg raise on the left for pain to the foot at 35 degrees and positive right straight leg raise for pain to the distal calf at 40 degrees was noted. Diminished sensation, left greater than right L5 and S1 dermatomal distribution, was documented. Left extensor hallucis longus muscle and eversion was noted at 5 minus out of 5. Current medications were listed as Hydrocodone and Ambien. Treatment plan consists of additional physical therapy, aquatic therapy, continuing home exercise program, new mattress, gastroenterologist evaluation, discontinuing non-steroidal anti-inflammatory drugs (NSAIDs) and the current request for extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Shock wave therapy.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines is not recommended. There is no good evidence to support the use of shockwave therapy for low back pain. Shockwave therapy is not medically necessary.