

<b>Case Number:</b>	CM15-0160521		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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:

This 37 year old woman sustained an industrial injury on 7-13-2011. The mechanism of injury is not detailed. Diagnoses include bilateral lumbosacral foraminal stenosis and lumbosacral spondylosis. Treatment has included oral medications. Physician notes dated 7-2-2015 show complaints of low back pain rated 7 out of 10 with bilateral lower extremity symptoms. Recommendations include shockwave therapy, topical compound, Hydrocodone, Cyclobenzaprine, Naproxen, Pantoprazole, urine drug screen, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy 5 sessions, 30 min each session:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Shock Wave Therapy.

**Decision rationale:** The Official Disability Guidelines comment on the use of shock wave therapy, including extracorporeal shock wave therapy, as a treatment modality. These guidelines state that shock therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating Low Back Pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, there is no rationale provided in the available medical records to justify the use of this form of treatment. Given the absence of specific rationale for shock wave therapy and the comments in the Official Disability Guidelines, Extracorporeal Shock Wave Therapy is not medically necessary.