

Case Number:	CM15-0162124		
Date Assigned:	08/28/2015	Date of Injury:	01/11/2008
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female, who sustained an industrial injury on 1-11-08. She has reported initial complaints of low back pain and pain in the leg after lifting a 50-pound trash bag. The diagnoses have included lumbar radiculopathy, lumbar myospasm, and lumbar strain and sprain. Treatment to date has included medications, activity modifications, diagnostics, injections, physical therapy, acupuncture, and other modalities. Currently, as per the physician progress note dated 7-15-15, the injured worker complains of continuous low back pain that radiates to the bilateral lower extremities accompanied by numbness and weakness. The pain is rated 5 out of 10 on pain scale. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG), nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included topical compounded creams, Ibuprofen and Pantoprazole. The objective findings-physical exam reveals that she has an antalgic gait and mild limp. There is decreased range of motion in the lumbar spine with flexion 50 degrees, extension 20 degrees, and right and left lateral bending is 20 degrees. There is tenderness to palpation of the lumbar paravertebral muscles, there is muscle spasm, and sitting straight leg raise is positive on the left. The physician requested treatment included extracorporeal shockwave therapy visit for 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 visit, lumbar: 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).

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-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy and Other Medical Treatment Guidelines Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. *Annals of Rehabilitation Medicine*. 2012; 36 (5): 665-674.

Decision rationale: The claimant sustained a work-related injury in January 2008 and is being treated for radiating low back pain. Treatments have included medications, injections, physical therapy, and acupuncture. When seen, she was having continuous radiating symptoms rated at 5/10 associated with numbness and weakness. Physical examination findings included a mildly antalgic gait. There was decreased lumbar range of motion with tenderness and muscle spasms. There was positive left straight leg raising. In terms of shockwave therapy for myofascial pain, other conventional treatments such as use of TENS or trigger point injections are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating low back pain. The request was not medically necessary.