MAXIMUS Federal Services

Case Number:	CM15-0165603		
Date Assigned:	09/03/2015	Date of Injury:	08/20/2012
Decision Date:	10/14/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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 31 year old female, who sustained an industrial injury on 8-20-12. Medical record indicated the injured worker is undergoing treatment for lumbar spondylosis, degenerative joint disease of cervical spine and is status post lumbar decompression L4-5 level (September 2013). Treatment to date has included lumbar decompression surgery, failed trigger point injections, home exercise program, activity modification, lumbar epidural injections and oral medications including Tramadol 300mg, Naproxen 550mg, Cyclobenzaprine and Pantoprazole 20mg. Currently on 6-18-15 and 7-16-15, the injured worker complains of low back pain with right greater than left lower extremity symptoms rated 8 out of 10 and neck pain with upper extremity symptoms rated 6 out of 10; she also complains of decline in range of motion and increased myofascial pain component with trigger points. She notes current dosing of medications facilitates maintenance of activities of daily living and improved function. Physical exam performed on 5-19-15 revealed diffuse tenderness in posterior cervical musculature with full range of motion, thoracolumbar spine exam revealed healed incision and slightly restricted range of motion and neurological exam of lower extremities was normal. The treatment plan on 6-18-15 included a request for extracorporeal shock wave therapy, 5 sessions. On 8-6-15 utilization review non-certified, a request for extracorporeal shockwave therapy 5 sessions noting ODG does not recommend for the elbow, knee or shoulder and there is no mention in ODG for use in the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 1 time a week for (30 minutes in each session for lumbar spine) for 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), Elbow- Extracorporeal shockwave therapy (ESWT).

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 [redacted], [redacted], [redacted], 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 injury in August 2012 and underwent a lumbar decompression at L4/5 in September 2013. When seen, she was having neck and low back pain with upper and lower extremity symptoms. Prior failed treatments had included exercise, medications, activity modification, and trigger point injections. Physical examination findings included cervical spine tenderness with decreased range of motion and decreased upper extremity strength. There was decreased lumbar range of motion with paraspinal spasms. There was positive right straight leg raising and decreased right lower extremity sensation. Authorization was requested for five shockwave treatments for the lumbar spine for myofascial pain. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS that is 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 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. Shock wave therapy for the lumbar spine is not recommended. The requested is not considered medically necessary.