

Case Number:	CM15-0169315		
Date Assigned:	09/10/2015	Date of Injury:	06/03/2013
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina, Georgia
 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:

The injured worker is a 54 year old male, who sustained an industrial injury on June 03, 2013. The injured worker was diagnosed as having lumbar sprain and strain, lumbar radiculopathy, and refractory lumbar paraspinal muscle trigger points. Treatment and diagnostic studies to date has included physical therapy, laboratory studies, medication regimen, trigger point injections, and a home exercise program. In a progress note dated June 25, 2015 the treating physician reports complaints of low back pain with multiple tender trigger points to the lumbar paraspinal muscles with myofascial pain, decreased range of motion, and decreased activity level. Examination reveals multiple tender trigger points and spasms to the lumbar paraspinal muscles, decreased range of motion, and decreased sensation with the left greater than the right at the lumbar five to sacral one dermatomal distributions. The injured worker's pain level was rated a 6 out of 10 to the low back and lower extremity symptoms. The treating physician noted that prior treatments of physical therapy, trigger point injections, home exercise program, and medication regimen for the trigger point and myofascial symptoms were unmanageable, but also noted that the use of his medication regimen allows for activities of daily living inside and out of the home. On June 25, 2015 the treating physician requested five sessions of extracorporeal shock wave therapy to the lumbar spine to treat lumbar paraspinal trigger points and myofascial pain syndrome noting prior failed treatments. The documentation provided did not indicate any prior treatment of extracorporeal shock wave therapy to the lumbar spine. On July 24, 2015, the Utilization Review determined the request for five sessions of extracorporeal shock wave therapy of the lumbar spine at one time a week for five weeks to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy, Lumbar Spine, 1 time wkly for 5 wks, 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: Low Back - Shock wave therapy.

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

Decision rationale: CA MTUS is silent on the use of extracorporeal shock wave therapy (ESWT). ODG section on Back, Shock Wave Therapy, states that the available evidence does not support the use of ultrasound or shock wave therapy for low back pain and its use in this instance should be discouraged. In this case the request for use of extracorporeal shock wave therapy for low back pain. Therefore, the request for extracorporeal shock wave therapy for the lumbar spine is not medically indicated and is denied.