

Case Number:	CM15-0169553		
Date Assigned:	09/10/2015	Date of Injury:	10/16/2014
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 is a 55 year old female with a date of injury of October 16, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, and lumbar sprain and strain. Medical records (May 1, 2015) indicate that the injured worker complains of dull and aching pain of the lower back rated at a level of 7 to 8 out of 10 without medications and 6 to 7 out of 10 with medications, and associated radiating pain, tingling, and numbness. Records also indicate cramps to the bilateral lower extremities. A progress note dated April 3, 2015 notes similar subjective complaints. Per the treating physician (May 1, 2015), the employee has not returned to work. The physical exam (May 1, 2015) reveals tenderness to palpation of the lumbar paravertebral muscles with muscle spasm. There were no changes in the lumbar physical examination noted from the report dated April 3, 2015. Treatment has included more than fifteen sessions of chiropractic treatments, medications and extracorporeal shock wave therapy for the left wrist. The original utilization review (August 4, 2015) non-certified a request for three sessions of extracorporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy (ESWT) 3 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), Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT it is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy 2. Three conservative therapies prior to ESWT have been tried prior 3. No contraindications to therapy 4. Maximum of 3 therapy sessions over 3 weeks. The ACOEM low back chapter does not recommend this as a treatment modality. The request does not meet ODG guidelines. Therefore the request is not medically necessary.