

Case Number:	CM15-0189508		
Date Assigned:	10/01/2015	Date of Injury:	03/12/2015
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Physical Medicine & Rehabilitation

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 51 year old male with an industrial injury dated 03-12-2015. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain and strain, lumbar radiculitis, lumbar sprain and strain, left hip sprain and strain, left knee sprain and strain, fatigue, other insomnia, depression, stress, myofascitis and myalgia, muscle spasm, and weakness. In a progress report dated 03-24-2015, the injured worker reported lumbar spine pain rated a 6 on a scale of 0 to 10. Physical exam (03-24-2015) revealed tenderness to palpitation of lumbar, sacral, sacroiliac (SI) joint with muscle spasms, decreased lower extremity strength, decreased range of motion and positive straight leg raises. According to a more recent progress note dated 08-07-2015, the injured worker reported thoracic spine pain, lumbar spine pain, left hip pain, left knee pain, loss of sleep and psychological complaints. The injured worker described the lumbar spine pain as constant moderate sharp, throbbing burning low back pain, stiffness, numbness and tingling becoming sharp with severe pain radiating to the left leg with sudden or repetitive movement. Objective findings (08-07-2015) revealed decreased and painful lumbar range of motion, tenderness to palpitation of the bilateral gluteus, bilateral sacroiliac (SI) joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction with muscle spasms and positive straight leg raises on the left. Treatment has included diagnostic studies, prescribed medications, 21 chiropractic visits, 25 acupuncture sessions and periodic follow up visits. The treatment plan included physical performance; acupuncture, shockwave, and chiropractic follow up. Request for authorization dated 08-07-2015, included requests for outpatient shock wave therapy to lumbar spine one

times a week for six weeks # 6. The utilization review dated 08-28-2015, non-certified the request for outpatient shock wave therapy to lumbar spine one times a week for six weeks # 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Shock wave therapy to Lumbar Spine one times a week for six weeks # 6:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Extracorporeal shockwave therapy Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Shock wave therapy.

Decision rationale: The patient presents with low back pain. The request is for Outpatient shock wave therapy to lumbar spine one times a week for six weeks # 6. The request for authorization is dated 08/07/15. Patient's diagnoses include lumbar radiculitis; lumbar sprain/strain; fatigue; other insomnia; depression; stress; myofascitis; myalgia; muscle spasm/weakness. Physical examination of the lumbar spine reveals ranges of motion are decreased and painful. There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's is positive. Straight leg raise is positive on the left. Per progress report dated 08/07/15, the patient to remain off-work. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for "Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment...Maximum of 3 therapy sessions over 3 weeks." ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Shock wave therapy states, "Not recommended." Treater does not discuss the request. In this case there is no guideline support to use Shock Wave Therapy for low back conditions. ODG recommends ESWT of the shoulder "for calcifying tendinitis but not for other shoulder disorders." However, the patient does not present with calcifying tendinitis of the shoulder. Furthermore, the request for 6 sessions of Shock Wave Therapy would exceed what is recommended by ODG. Therefore, the request is not medically necessary.