

Case Number:	CM15-0190012		
Date Assigned:	10/02/2015	Date of Injury:	10/29/2014
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 32-year-old male, who sustained an industrial injury on 10-29-2014. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain-strain, and status post lumbar surgery. Treatment to date has included diagnostics, unspecified lumbar spine surgery on 5-04-2015, physical therapy, and medications. Currently (8-20-2015), the injured worker complains of continuous low back pain, with radiation to the left lower extremity, and dropped foot. Pain was accompanied by weakness, numbness, tingling and burning. His pain was rated 6 out of 10 (unchanged from 7-23-2015 and 7-02-2015) and increased with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. Objective findings included a left AFO brace, motor strength 5+ of 5 bilaterally in the upper and lower extremities, deep tendon reflexes normal and equal bilaterally at 2 of 2, and a moderate antalgic gait and limp. Lumbar range of motion was decreased (flexion 40, extension 10, right lateral bend 20, left lateral bend 30 and unchanged from 7-23-2015) and there was tenderness to palpation and spasm of the paravertebral muscles, along with positive straight leg raise on the left. He was prescribed-dispensed Percocet and Gabapentin. It was documented that additional therapies and medications were requested because "they are helping to decrease pain and increase activities of daily living". Magnetic resonance imaging was requested due to worsening mechanical plain film x-ray to reveal source of pain. Psychiatric consult was requested for depression and he was to continue physical therapy for the lumbar spine. He remained "off work". The treatment plan included shockwave therapy for the lumbar spine, non-certified by Utilization Review on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the lumbar spine: 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, 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) Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. Report from the provider does not specify shockwave frequency, duration of the ESWT or specific indication to warrant this procedure. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Shockwave therapy for the lumbar spine is not medically necessary and appropriate.