

Case Number:	CM15-0191130		
Date Assigned:	10/05/2015	Date of Injury:	01/03/2014
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California

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 52 year old male who sustained an industrial injury January 3, 2014. According to the most recent primary treating physician's progress report dated July 8, 2015, the injured worker presented with complaints of constant severe low back pain and numbness to the right ankle, right leg pain, increased neck and left arm pain, and left upper extremity weakness. Objective findings included: 6' and 154 pounds, right hand dominant; lumbar spine-tenderness to palpation of the bilateral multifidus, L5-S1 spinous processes, right longissimus; Lasegue's positive on the right producing pain in the posterior thigh. Some handwritten notes were difficult to decipher. Diagnoses are lumbar spine sprain, strain; lumbar disc displacement; radicular syndrome of lower limbs; weakness muscles. Treatment plan included recommendation for Ultram, Motrin, Prilosec, MRI of the cervical spine, and interferential unit. At issue, is a request for authorization for shockwave therapy one time a week for six weeks to the lumbar spine. According to utilization review dated September 18, 2015, the request for Shockwave Therapy 91) x (6) weeks to the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 1 times a week for 6 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 chapter and pg 82.

Decision rationale: According to the guidelines, the available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the claimant had been on medications and an IF unit was requested. There was no mention of therapy or other modalities to improve function and pain along with the requested shockwave. The Shockwave therapy treatments are not medically necessary.