

<b>Case Number:</b>	CM15-0192586		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 59 year old male, who sustained an industrial injury on 5-5-10. The injured worker was diagnosed as having status post lumbar decompression; trigger points lumboparaspinal; protrusion C3-4 and C4-5 with neural encroachment and radiculopathy; postsurgical state NEC; sprain lumbosacral. Treatment to date has included status post cervical posterior decompression (2019); status post cervical fusions (2011;2013); status post hemilaminotomy, partial facetectomy, left L5-S1 foraminotomy (3-3-14) physical therapy; acupuncture; acupressure; trigger point injections; TENS unit; bracing; medications. Currently, the PR-2 notes dated 8-13-15, the provider indicated the injured worker is "status post lumbar decompression of March 2014; 6 out of 10 low back pain with lower extremity symptoms; cervical pain with upper extremity symptoms 6 out of 10." The provider notes that medication does facilitate maintenance of ADL's including necessary household duties, shopping for groceries, grooming and simple food preparation and cooking. Medication facilitates maintenance of healthy activity level and adherence to physical methods as encouraged. Favorable, significant objective improvement with medication on board discussed including but not limited to greater activity level and greater function. The patient does recall at times consuming up to 5 hydrocodone prior to Tramadol ER at 300mg a day however, now consumes hydrocodone no greater than 2-3 a day for breakthrough pain only. Tramadol 300mg does decrease somatic pain average of 4-5 points on a scale of 10 which is significant provided objective improvement including increased tolerance to exercises recommended as well as greater range of motion with this medication on board and adherence to physical methods.

Objective findings note multiple trigger points, lumboparaspinal. The provider's treatment plan continues to request a series of three epidural steroid injections at C3-4 and C4-5. And requesting extracorporeal shock wave therapy to treat lumboparaspinal trigger points-myofascial pain syndrome. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-10-15 and non-certification Outpatient shockwave therapy for 5 sessions. A request for authorization has been received for Outpatient shockwave therapy for 5 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient shockwave therapy for 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 (ODG) Low Back - Lumbar & Thoracic (acute & chronic), updated 07/17/2015.

**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:** Review of reports from the provider does not specify shockwave frequency, duration of the ESWT or clinical indication to warrant this procedure to the low back for myofascial pain syndrome. 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 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 amendable 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. The Outpatient shockwave therapy for 5 sessions is not medically necessary and appropriate.