

Case Number:	CM15-0205646		
Date Assigned:	10/22/2015	Date of Injury:	12/06/2014
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational Medicine

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 35 year old man sustained an industrial injury on 12-6-2014. Diagnoses include rule out lumbar disc injury, abdominal contusion, and multiple lumboparaspinal trigger points. Treatment has included oral medications, trigger point injections, home exercise program, and physical therapy. Physician notes dated 10-6-2015 show complaints of low back pain rated 8 out of 10 with radiation to the left lower extremity. The physical examination shows multiple tender trigger points in the lumboparaspinal musculature with spasms. Lumbar range of motion is noted to be flexion 40 degrees, extension 35 degrees, bilateral lateral tilt 35 degrees, and bilateral rotation 30 degrees. Diminished sensation is noted to the L5 and S1 dermatomal distributions. Recommendations include lumbar spine MRI, shockwave therapy, continue use of TENS unit and lumbosacral orthotic, stop Tramadol, stop Naproxen, stop Cyclobenzaprine, start Norco, start Ibuprofen, and follow up in three weeks. Utilization Review denied a request for shockwave therapy on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for 5 sessions for 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 (updated 05/15/2015)- Online Version.

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/Shock Wave Therapy Section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for shockwave therapy for 5 sessions for lumbar spine is determined to not be medically necessary.