MAXIMUS Federal Services

Case Number:	CM15-0021029		
Date Assigned:	02/10/2015	Date of Injury:	11/06/2014
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, Ohio, 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:

The applicant is a represented 60-year-old [redacted] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of November 6, 2014. In a Utilization Review Report dated January 20, 2015, the claims administrator retrospectively denied extracorporeal shock wave therapy apparently performed on January 2, 2015. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequent appealed. Extracorporeal shock wave therapy was apparently performed on January 2, 2015. The applicant received a variety of other passive modalities in January and February 2015, including acupuncture, application of topical capsaicin patches, physical therapy, and chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Treatment: Lower back QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back-Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed For

most body parts, there is evidence that . ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters).

Decision rationale: No, the request for shock wave therapy for the low back was not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a form of therapeutic ultrasound. However, the MTUS Guideline in ACOEM Chapter 12, page 300 notes that physical modalities such as ultrasound have "no proven efficacy" in treating acute low back pain symptoms. The Third Edition ACOEM Guideline take a stronger position against extracorporeal shock wave therapy, noting that, for most body parts, there is evidence that ESWT is "ineffective." Here, the attending provider's progress notes contained little-to-no narrative commentary or applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request was not medically necessary.