

Case Number:	CM15-0023864		
Date Assigned:	02/13/2015	Date of Injury:	07/01/2013
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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 43 year old female, who sustained an industrial injury on 7/1/2013. She reports a back injury. Diagnoses include sciatica, lumbar sprain, thoracic sprain, anxiety, insomnia and thoracic/lumbar radiculitis. Treatments to date include physical therapy, injections and medication management. A progress note from the treating provider dated 11/25/2014 indicates the injured worker reported back pain. On 1/23/2015, Utilization Review non-certified the request for 6 sessions of extracorporeal shockwave therapy, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the lumbar spine, once weekly for six weeks:

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 Chapter, Shock Wave Therapy Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, ESWT Aetna Clinical Policy Bulletin, number 0649.

Decision rationale: The patient presents with back pain. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE LUMBAR SPINE ONCE WEEKLY FOR SIX WEEKS. The RFA is not provided. Patient's diagnosis included sciatica, lumbar sprain, thoracic sprain, anxiety, insomnia and thoracic/lumbar radiculitis. Patient is temporarily totally disabled. MTUS Guidelines and ACOEM Guidelines do not discuss extracorporeal shockwave treatments. ODG Guidelines under ESWT under the shoulder chapter states: recommended for calcifying tendonitis, but not for other disorders, for patients with calcifying tendonitis of the shoulder and homogenous deposits, quality evidence had found extracorporeal shockwave therapy equivalent or better than surgery, and it may be given priority because of its noninvasiveness. Aetna Clinical Policy Bulletin, number 0649, states extracorporeal shock-wave therapy is indicated for the shoulder, but for all other musculoskeletal indications, it is considered experimental and investigational. There is insufficient evidence-based clinical guideline support for use of ECSWT for avascular necrosis of the wrist. In this case, the patient is presenting with lumbar pain. Extracorporeal shock-wave therapy is indicated for the shoulder with diagnosis of calcifying tendonitis and not for other musculoskeletal indications. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.