

<b>Case Number:</b>	CM15-0025815		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 4/17/12. He has reported a back injury. The diagnoses have included cervical spine radiculopathy, lumbosacral radiculopathy and bilateral knee meniscal tears. Treatment to date has included physical therapy and oral medications. Currently, the injured worker complains of moderate back pain. On physical exam limited range of motion is noted with tenderness of upper trapezius muscles. On 1/10/15 Utilization Review non-certified shockwave therapy cervical, lumbar and ankles, noting the lack of clinical information. The MTUS, ACOEM Guidelines, was cited. On 2/10/15, the injured worker submitted an application for IMR for review of shockwave therapy cervical, lumbar and ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy, cervical, lumbar and ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Shock Wave Therapy section.

**Decision rationale:** The MTUS Guidelines indicate that shock wave therapy is an option for treating plantar fasciitis to reduce pain and improve function, however there is insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Other ankle disorders are not addressed. 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 MTUS Guidelines, ODG and National Clearinghouse Guidelines do not address the use of shock wave therapy for cervical spine pain. Medical necessity of this request has not been established as the science has not indicated that shock wave therapy is effective. The request for shockwave therapy, cervical, lumbar and ankles is determined to not be medically necessary.