

<b>Case Number:</b>	CM15-0027642		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 53-year-old female, with a reported date of injury of 10/05/2011. The diagnoses include bilateral hand joint pain and lumbar herniated nucleus pulposus. Treatments have included an MRI of the lumbar spine on 11/04/2014. The progress report dated 02/05/2015 was handwritten and partially illegible. The objective findings included decreased range of motion of the lumbar spine. The treating physician requested for ortho shockwave for the lumbar spine. The rationale for the request was not indicated. On 02/05/2015, Utilization Review (UR) denied the request for ortho shockwave for the lumbar spine, noting that there was limited documentation provided that outlines medical history, and it was noted that the injured worker as taking medication. The Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho-shockwave of the 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter has the following regarding shockwave therapy.

**Decision rationale:** This patient presents with chronic low back pain with decreased range of motion and muscle spasms. The current request is for ORTHO-SHOCKWAVE OF THE LUMBAR SPINE. The ACOEM Guidelines page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG Guidelines under the Low Back Chapter has the following regarding shockwave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)" ODG states that extracorporeal shockwave therapy is not recommended for treating low back pain. The requested ESWT for the lumbar spine is not medically necessary.