

Case Number:	CM15-0215093		
Date Assigned:	11/04/2015	Date of Injury:	01/04/2011
Decision Date:	12/23/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 1-4-2011. Diagnoses include lumbar facet degeneration, left sacroiliitis, rule out left hip-pelvic pathology, and lumbar disc protrusion, status post bariatric surgery. Treatments to date include activity modification, medication therapy, physical therapy, and trigger point injections. On 9-21-15, she complained of ongoing low back pain with radiation to left lower extremity rated 5 out of 10 VAS. The pain level was improved from visit on 7-20-15, reported pain 7 out of 10 VAS at that time. They reported improvement in low back pain and decreased muscle spasm with two prior shockwave therapy sessions. Current medications included Percocet, Cyclobenzaprine, and Pantoprazole. The physical examination documented lumbar tenderness and decreased range of motion with muscle spasm noted. The gait was noted to be "slightly more brisk." The plan of care included a request for three additional shockwave therapy sessions and aquatic physical therapy. The appeal requested authorization of shockwave therapy, three (3) sessions per order dated 9-21-15. The Utilization Review dated 10-20-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to the lumbar spine Qty 3: 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 (Acute & Chronic) Shockwave therapy.

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 - lumbar and thoracic (acute & chronic) Shock wave therapy.

Decision rationale: The claimant is a 47 year-old female with chronic low back pain. The request is for shock wave therapy to the lumbar spine. MTUS/ACOEM do not specifically address this request. ODG states that available evidence does not support the effectiveness for shock wave therapy for the treatment of low back pain. Therefore, this request is not medically necessary or appropriate.