

<b>Case Number:</b>	CM15-0225441		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: Arizona, California

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 28 year old male, who sustained an industrial injury on 4-27-15. The injured worker was being treated for protrusion of L5-S1 with neural encroachment, spondylolisthesis L5 on S1, facet osteoarthropathy L4-5 and L5-S1 and lumboparaspinal refractory trigger points. On 9-25-15 and 10-16-15, the injured worker complains of low back pain with left lower extremity symptoms rate 8 out of 10. Work status is noted to be temporarily partially disabled. Physical exam performed on 9-25-15 and 10-16-15 revealed tenderness of lumbar spine, multiple tender trigger points of lumboparaspinal musculature, decreased lumbar range of motion and diminished sensation of left L5-S1 dermatomes. MRI of lumbar spine performed on 6-26-15 revealed L4-5 and L5-S1 mild facet arthropathy and L5-S1 retrolistheses, posterior annular defect of tear with disc protrusion and no impingement. Treatment to date has included physical therapy (3 sessions completed thus far, non-efficacious), failed trigger point injections, oral medications including Tramadol and Hydrocodone; and activity modifications. The treatment plan included continuation of physical therapy and request for 5 sessions of extracorporeal shock wave therapy. On 11-2-15 request for 5 sessions of extracorporeal shock wave therapy was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy to treat lumboparaspinal trigger points/myofascial pain syndrome times 5 utilizing the EMS Swiss Dolor Cast device, 2000 shocks at the level 2 (1.4 bar) per treatment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Clinical application of shock wave therapy (SWT).

**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 chapter and pg 82.

**Decision rationale:** According to the guidelines, 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. In this case, the claimant did not respond to therapy and medications which have more proven evidence to support their use of low back pain. As a result, the request for shock wave therapy (which has less evidence) is not medically necessary.