

<b>Case Number:</b>	CM15-0039833		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35-year-old female, who sustained an industrial injury on 8/25/2014. She has reported a slip and fall subsequently injuring the left knee, buttock, right palm and low back. The diagnoses have included low back sprain/strain. Treatment to date has included medication therapy including Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), topical compound creams, a lumbar support brace, physical therapy and acupuncture. Currently, the IW complains of low back pain. The physical examination from 1/19/15 documented some decreased tenderness in the low back. The plan of care included shock wave treatments, a toxicology screen and topical compound cream as ordered.

### 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 low back, 1 x 6: 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 Procedure Summary.

**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, Shock wave therapy.

**Decision rationale:** Regarding the request for ESWT for the low back, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. In light of the above issues, the currently requested ESWT for low back is not medically necessary.