

<b>Case Number:</b>	CM15-0040956		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	09/21/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 59-year-old male, who sustained an industrial injury on 09/21/2007. Initial complaints reported included low back injury and sustained concussion. The injured worker was diagnosed as having a concussion without documented/noted other diagnoses. Treatment to date has included conservative care, medications, physical therapy, extracorporeal shockwave therapy/treatments (09/22/2014, 10/20/2014, 11/07/2014 and 12/22/2014), acupuncture, electrodiagnostic studies of the lower extremities (11/05/2014), epidural steroid injections, and percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with facet blocks (01/21-28/2015). Currently, the injured worker complains of cervical and lumbar pain with loss of range of motion, muscle spasms, numbness and weakness, bilateral shoulder pain with weakness in the upper extremities, left elbow pain with weakness, numbness and loss of range of motion, and bilateral knee pain with locking, weakness, muscle spasms and loss of range of motion. The current treatment plan includes additional shockwave therapy, continued medications, additional acupuncture, physical therapy, and consultations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy 1 session a week for 4 weeks for the cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Orthopaedic surgery and research, "Extracorporeal shockwave therapy in musculoskeletal disorders.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** According to the Official Disability Guidelines, extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. The available evidence does not support the effectiveness of ultrasound or shock wave for treating spinal pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Shockwave therapy 1 session a week for 4 weeks for the cervical spine is not medically necessary.