

Case Number:	CM15-0041972		
Date Assigned:	03/11/2015	Date of Injury:	11/10/2014
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained a work/ industrial injury on 11/10/14. He has reported initial symptoms of gradual onset of low back pain radiating to the left lower extremity associated with numbness and tingling. The injured worker was diagnosed as having lumbar sprain / strain. Treatments to date included medication and diagnostics. Electromyogram / nerve conduction velocity (EMG/NCV) study revealed left L5 radiculopathy with a superimposed distal sensorimotor polyneuropathy affecting both lower extremities and no evidence of a lumbosacral plexopathy, myopathy, or any other mononeuropathies on both lower limbs/extremities. Currently, the injured worker complains of burning, radicular low back pain and muscle spasms, rated 7/10. The pain was described as constant, moderate to severe. There was associated numbness and tingling of the bilateral lower extremities. The treating physician's report (PR-2) from 1/8/15 indicated per examination that the injured worker was able to heel-toe walk with pain, squat to 40% of normal. With palpation, there was tenderness with spasms at the lumbar paraspinal muscles and over the quadratus lumborum. Range of motion was limited. There was slight decreased sensation at L4, 5 and S1 dermatomes bilaterally. Motor strength was 4/5. Reflexes were 2+ and symmetrical, bilaterally. Diagnosis was low back pain, lumbar spine sprain/strain, rule out lumbar disc displacement, and rule out radiculitis, lower extremity. Medications included Deprizine, Dicopanol, Fenatrex, Synapryn, Tobradol, Cyclobenzaprine, and Ketoprofen cream. Treatment plan included x-rays, acupuncture, extracorporeal shockwave therapy (ESWT), Magnetic Resonance Imaging (MRI), localized intense neurostimulation therapy, and Terocine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) one time six 12 weeks for the low back:

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Shock wave therapy.

Decision rationale: The request for extracorporeal shockwave therapy (ESWT) one time six 12 weeks for the low back is not medically necessary per the MTUS Guidelines. The MTUS does not address this treatment for the low back. The ODG states that shockwave therapy is not recommended for the low back. The ODG states that the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The documentation does not indicate extenuating conditions that would require deviating from the guideline recommendations against using this treatment for low back pain therefore the request for extracorporeal shockwave therapy (ESWT) one time six 12 weeks for the low back is not medically necessary.