

Case Number:	CM15-0043877		
Date Assigned:	04/03/2015	Date of Injury:	02/11/2013
Decision Date:	05/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34-year-old man sustained an industrial injury on 2/11/2013. The mechanism of injury is not detailed. Diagnoses include pain in the thoracic spine, low back pain, lumbar radiculopathy, and lumbar disc displacement. Treatment has included oral medications. Physician notes on a PR-2 dated 11/26/2014 show complaints of mid and low back pain with muscle spasms rated 7-8/10. Recommendations include electromyogram/nerve conduction velocity study of the bilateral lower extremities, pain management specialist consultation, physical therapy, acupuncture, chiropractic treatment, shockwave 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 1 x 6-12 weeks: 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); Low Back (updated 1/30/15: 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.

Decision rationale: MTUS does not discuss extracorporeal shock wave therapy. ODG discusses this treatment in select instances to a few body parts including to the shoulder for calcifying tendinitis or in some cases for plantar fasciitis. However, no guidelines support this treatment to the spine. The records do not provide an alternative rationale for this request. The request is not medically necessary.