

<b>Case Number:</b>	CM15-0047298		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 50 year old male, who sustained an industrial injury on 7/21/2014. He reported an injury while cracking down a trailer, loaded with gear. The injured worker was diagnosed as having lumbar sprain/strain, lumbar disc displacement and spinal stenosis. MRI studies have shown lumbar spondylosis with several levels of foraminal stenosis. Treatment to date has included epidural injection, 8 sessions of chiropractic care, 14 sessions of acupuncture, extensive physical therapy and medication management. In a progress note dated 2/10/2015, the injured worker complains of low back pain that radiates down the left leg. The treating physician is requesting 12 visits of shockwave therapy, 8 visits for chiropractic care and electrical acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOCKWAVE THERAPY 2 X 6 LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 290-300. Decision based on Non-MTUS Citation Official Disability Guideline Low Back - Shockwave Therapy.

**Decision rationale:** MTUS Guidelines do not address shockwave therapy for the low back as a legitimate form of treatment. ODG Guidelines specifically addresses shockwave therapy for the low back and the Guidelines state that it is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The request for shockwave therapy 2X6 for the low back is not supported by Guidelines and is not medically necessary.

**CHIRO 2 X 4 LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** MTUS Guidelines recommend a trial of up to 6 sessions of manual manipulation to establish if this produces meaningful pain relief and clear functional improvements. The records provided for review document that there has been completed 8 sessions of chiropractic, but there is no evidence of functional improvements or sustained pain relief. Under these circumstances the request for another 8 sessions is not supported by Guidelines. The request for chiro 2 X 4 is not medically necessary.

**CONTINUE E-ACUPUNCTURE X 6 THEN 2 X WK X 1 MONTH IF IMPROVEMENT LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Guidelines recommend up to 4-6 sessions of acupuncture to establish if it results in meaningful pain relief and functional benefits. It is reported that this individual has previously completed 14 session of acupuncture without evidence of functional benefits or sustained pain relief. Under these circumstances, the request for extending acupuncture 6 sessions plus 2x's per week for 1 month of acupuncture is not supported by Guidelines and is not medically necessary.