

Case Number:	CM15-0244348		
Date Assigned:	12/24/2015	Date of Injury:	10/12/2013
Decision Date:	01/29/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial-work injury on 10-12-13. The injured worker was diagnosed as having lumbar sprain-strain, thoracic sprain-strain, protrusion of the lumbar spine with spondylosis and annular tear at L3-4 and disc extrusion at L4-5, bilateral sacroiliitis, protrusion at L4-5 and L5-S1 with spondylosis. Treatment to date has included medication: Duloxetine, Naproxen, Pantoprazole, Cyclobenzaprine; epidural injections (failed), home exercise program (HEP), physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, lumbosacral orthosis, ice-heat application, and activity modification. MRI results were reported on 9-29-15 revealed findings were consistent with protrusion at L4-5 and L5-S1 with spondylosis. Currently, the injured worker complains of low back pain rated 7 out of 10 with right greater than left lower extremity symptoms. Medication did facilitate ability to do ADL's (activities of daily living) and activity level. Per the primary physician's progress report (PR-2) on 10-27-15, exam noted tenderness to the lumbar spine, reduced range of motion, positive straight leg raise to right at 35 degrees, and left at 40 degrees, and neurological exam was unchanged. Current plan of care includes continue with 5 sessions of shockwave therapy, maintain healthy activity level, continue LSO (lumbosacral orthosis), continue transcutaneous electrical nerve stimulation (TENS) unit, and medications. The Request for Authorization requested service to include Shock wave therapy of the lumbar spine, 5 sessions. The Utilization Review on 11-13-15 denied the request for Shock wave therapy of the lumbar spine, 5 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy of the lumbar spine, 5 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter and pg 32.

Decision rationale: The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the claimant had already undergone therapy, TENS, medications, ect which all have more proven benefit. As a result, the request for shock wave which is not supported by evidence for back pain is not medically necessary.