

Case Number:	CM14-0118399		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2013
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

56 yr. old male claimant sustained a work injury on 6/1/13 involving the right foot, right hip and low back. He was diagnosed with an Achilles tendon tear and underwent surgery. He additionally had lumbar radiculitis. A progress note on 8/12/14 indicated the claimant had 8/10 right leg pain and 9/10 back pain. The right ankle had pain in all planes of motion. The anterior/posterior drawer tests were positive. The lumbar spine had limited painful range of motion. The treating physician requested initiation of shockwave therapy for the Achilles region and additional 6 sessions of shockwave therapy for the lumbar spine. He had already completed 6 sessions of shockwave for the spine and gained improvement in range of motion in flexion and rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy lumbar for once a week for 6 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 6/10/14) 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) Lumbar Pain

Decision rationale: The MTUS and ACOEM guidelines do not comment on shockwave. According to the ODG guidelines, 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. In this case, the claimant had already undergone shockwave therapy. The additional request is not medically necessary.