

Case Number:	CM14-0140265		
Date Assigned:	09/10/2014	Date of Injury:	01/10/2001
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine 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:

The patient is a 51 year-old female with date of injury 01/10/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/08/2014, lists subjective complaints as pain in the low back with radicular symptoms down the right leg. Objective findings: lumbosacral spine: tenderness to palpation over the Quadratus Lumborum, Erector Spinae, Latissimus Dorsi bilaterally, gluteus and biceps femoris on the right. Positive Kemp's, Bechtrews, Elys, iliac compression on the right and straight leg raise on the right at 40 degrees, 60 degrees on the left. Range of motion was limited in all planes. Deep tendon reflexes were normal and symmetrical bilateral in the lower extremities. Sensation to pinprick was equal and unremarkable bilaterally. Diagnosis: 1. Musculoligamentous injury of the lumbosacral spine 2. Myofascitis 3. Radiculitis 4. Right hip strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the lumbar spine, QTY: 4 to 6 sessions: 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, 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy

Decision rationale: The Official Disability Guidelines do not recommend shockwave therapy. 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. Therefore, Shockwave therapy for the lumbar spine, QTY: 4 to 6 sessions is not medically necessary and appropriate.