MAXIMUS Federal Services

Case Number:	CM14-0141552		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2012
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 44-year-old male who reported injury on 02/07/2012, while working the injured worker was removing damaged merchandise from a pallet when he noted pain in his lower back, left lower extremity and groin. The injured worker's treatment history included medications, MRI studies, epidural steroid injection, x-rays, EMG/NCV studies, acupuncture sessions and physical therapy. The injured worker was evaluated 07/31/2014, and it was documented the injured worker complained of burning, radicular low back pain and muscle spasms. The injured worker rated the pain as 8/10 to 9/10 on the pain analog scale. His pain was described as constant and moderate to severe. The pain radiated into the left testicle and down the bilateral lower extremities, associated with numbness and tingling sensation. The pain was an aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from the sitting position, ascending or descending stairs and stooping. The injured worker stated he had 1 epidural injection with little benefit. The injured worker's symptoms persist, but the medication does offer temporary relief of pain and improved ability to have restful sleep. Physical examination of the lumbar spine revealed the injured worker was able to heel/toe walk; however, he had pain with heel walking. The injured worker was able to squat to approximately 15% of normal due to pain in his low back. Palpable tenderness was noted to the bilateral PSIS and the bilateral lumbar paraspinal muscles with associated hypertonicity. Midline pain was noted over the spinous processes L2-5. Range of motion of the lumbar spine, flexion was 20 degrees, extension was 15 degrees, left lateral flexion was 15 degrees and right lateral flexion was 10 degrees. Straight leg raise on the left was positive at 30 degrees and on the right was positive at 50 degrees. Braggard's test was positive on the left and right. Sensation to pinprick and light touch was slightly diminished over the L2, L3, L4, L5 and S1 dermatomes in the left lower extremity. Motor strength in the left lower extremity was slightly decreased secondary to

pain. Diagnoses included low back pain, lumbar disc displacement, radiculopathy lumbar region, annular tear at L5-S1 per MRI dated 03/29/2014, and sleep disorder. The Request for Authorization dated 07/31/2014 was for extracorporeal shockwave therapy times 12 sessions, lower back, lower leg and lumbar and sacral vertebra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorpore al shockewave therapy x 12 sessions -lower back, lower leg, lumbar and sacral vertebra: 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)

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. Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: The request for Extracorporeal Shock Wave therapy X 12 sessions, lower back, lower leg, lumbar and sacral vertebra is not medically necessary. The Official Disability Guidelines does not recommend Extracorporeal Shock Wave Lithotripsy 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 for 4 weeks. The provider failed to include outcome measures of conservative care. As such the request is not medically necessary.