

<b>Case Number:</b>	CM14-0149575		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Medicine, and is licensed to practice in Ohio. 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 64-year-old male who injured his low back on 7-9-2013. He has had 12 sessions of physical therapy and has had chiropractic treatment and nonsteroidal anti-inflammatory medication ordered. His physical exam reveals diminished range of motion in the lumbar spine with spasm and tenderness of the paravertebral musculature. Straight leg raise testing and the neurologic exam otherwise the lower extremities is normal. The diagnosis is chronic lumbar strain pending the results of an MRI study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 sessions of Extracorporeal Shockwave Therapy (ESWT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Extracorporeal Shock Wave Therapy for musculoskeletal indications and soft tissue injuries.

**Decision rationale:** Aetna considers this therapy for low back pain investigational because of the lack of high quality studies showing effectiveness. For chronic LBP patients without leg pain, ultrasound was less effective than spinal manipulation, whereas a shock wave device and

transcutaneous electrical nerve stimulation led to similar results. The authors concluded that 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. As such, the request is not medically necessary.