

Case Number:	CM14-0160038		
Date Assigned:	10/08/2014	Date of Injury:	04/23/2013
Decision Date:	11/13/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/29/2014

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:

Patient is a 50 year-old female with date of injury 04/23/2013. The medical document associated with the request for authorization, an Extracorporeal Shock Wave Therapy (ESWT) report dated 08/06/2014, lists subjective complaints as pain in the upper and lower back. Objective findings: No physical examination was documented. Diagnosis: 1. cervical spine herniated nucleus pulposus 2. cervical radiculopathy 3. cervical spine degenerative disease 4. cervical spondylosis 5. postural changes cervical and lumbar spine 6. lumbar spine herniated nucleus pulposus 7. and lumbar radiculopathy. Conservative treatments to date include physical and manipulating therapy, acupuncture, injections to the affected body parts, and prescribed medications. The patient has had 4 ESWT sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 8/6/14: Extracorporeal Shock Wave 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 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 and should be discouraged. Retrospective DOS: 8/6/14: Extracorporeal ShockWave Therapy (ESWT) is not medically necessary.