

Case Number:	CM14-0185167		
Date Assigned:	11/13/2014	Date of Injury:	03/26/2014
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old man who sustained a work-related injury on March 12, 2014. Subsequently, he developed low back pain. According to the progress report of September 25, 2014, the patient noted frequent, moderate pain in the lower back region, which he described as tender, throbbing, sharp, and penetrating in nature. He noted marked stiffness of the lower back. He further noted some radicular component to his lower back pain, with associated numbness and tingling sensations involving both lower extremities, down to the level of the thighs. The patient had also frequent pain to left groin/inguinal region. He noted some pain and burning sensation with urination. Examination of the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles. Kemp's caused pain. Straight leg raise was negative. Valsalva's was negative. Yeoman's caused pain. Patrick's Fabere was negative. The patient was diagnosed with lumbar sprain/strain and inguinal hernia. The provider is requesting authorization for Low energy extracorporeal shockwave treatment Extracorporeal Shockwave therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy sessions x 6: 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, Shockwave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of Extracorporeal Shockwave Therapy for the treatment of lateral epicondylitis (LE). These studies did not demonstrate its benefit for the management LE. There are no studies supporting its use for wrist pain. Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. There are no controlled studies supporting the use of Extracorporeal Shockwave therapy for chronic back and neck pain. There is no documentation of tendinitis or wrist pain. Therefore the prescription of Extracorporeal Shockwave therapy sessions is not medically necessary.