

Case Number:	CM14-0089150		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2012
Decision Date:	10/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on July 17, 2012. The most recent progress note, dated March 18, 2014, indicates that there were ongoing complaints of low back pain radiating to the left greater than the right and lower extremity as well as groin pain. The physical examination demonstrated tenderness and spasms along the lumbar spine paravertebral muscles and decreased lumbar spine range of motion with pain. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L3 - L4 with central canal stenosis. Previous treatment includes duty modification and oral pain medications. A request had been made for lumbar spine extracorporeal shock wave therapy and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ECSWT Shock Wave Therapy, once a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound therapeutic Page(s): 123, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation): Shoulder Disorders - Rotator Cuff Tendinopathies; Allied Health Interventions: ESWT (Electronically Cited)

Decision rationale: The California MTUS/ACOEM practice guidelines support Extracorporeal Shock Wave Therapy (ESWT) for treatment of calcific rotator cuff tendinitis of the shoulder that has failed 6 months of conservative treatment, physical therapy or occupational therapy, NSAID's, and cortisone injections. There is no indication for the use of extracorporeal shockwave therapy for the lumbar spine. As such, this request for lumbar spine extracorporeal shock wave therapy is not medically necessary.