

<b>Case Number:</b>	CM14-0159862		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 33 year old male who sustained an industrial injury on 08/16/13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, shockwave therapy, and acupuncture. Diagnostic studies are not discussed. Current complaints include back pain and muscle spasms. In a progress note dated 08/07/14 the treating provider reports the plan of care as continued shockwave therapy, and medications to include Terocin patches, Deprizine, Dicopanol, Ranatrex, Synapryn, Tabradol, Capsaicin, menthol, Flurbiprofen, Cyclobenzaprine, and Gabapentin. The requested treatment is shock wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECSWT (extracorporeal shock wave therapy)1 x 6 to the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gerdesmeyer (2003) study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter and shock pg 82.

**Decision rationale:** 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 are not justified and should be discouraged. In this case, the claimant was provided more clinically sound and evidence based interventions such as therapy, acupuncture, and medications. The use of shock therapy is not recommended and not medically necessary.