

Case Number:	CM14-0212933		
Date Assigned:	12/30/2014	Date of Injury:	05/17/2014
Decision Date:	02/24/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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: Texas, 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:

This is a 32 years old female patient who sustained an injury on 5/17/2014. The current diagnoses include post traumatic cephalgia, left ankle sprain, cervical sprain/strain, thoracic sprain/strain, left wrist sprain/strain, rib sprain/strain, insomnia/stress/ anxiety and lumbar sprain. Per the doctor's note dated 10/28/2014, she had complaints of neck pain, upper back pain, occasional left wrist pain, headache, stress and depression. The physical examination revealed cervical spine range of motion flexion 50, extension 50, lateral flexion right/left 40/40 and rotation 60/60 degrees; tenderness and positive foraminal compression test; thoracic spine- range of motion- flexion 30, extension 30, lateral flexion right/left 30/30 degrees; pain over the T1-T8 levels, tenderness to palpation over the rhomboids, paraspinals, subscapular bilaterally; left wrist- flexion 60 degrees, extension 60 degrees, ulnar deviation 30 degrees and radial deviation 30 degrees; lumbosacral spine range of motion flexion 70, extension 20, lateral flexion right/left 15/15 and rotation right/left 20/20 degrees; tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, SI joints bilaterally; positive Kemps, Bechtrews, Elys and iliac compression bilaterally; left ankle range of motion flexion 60 degrees, extension 30 degrees, inversion 40 degrees and eversion 20 degrees. The medications list includes naproxen, cyclobenzaprine and topical creams. She has had lumbar MRI dated 10/3/2014 which revealed central disc protrusion at L4-5 and L5-S1 and mild discogenic spondylosis at L4-5; thoracic spine MRI dated 10/3/2014 which revealed unremarkable findings; cervical MRI dated 8/29/2014 which revealed central disc protrusion at C5-6 and C6-7 and mild facet arthrosis at C5-6. She has

had acupuncture, physical therapy, chiropractic therapy and extracorporeal shockwave therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Extracorporeal Shockwave Therapy for the Lumbar Spine, 4 sessions, as outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 01/30/15) Shock wave therapy.

Decision rationale: ACOEM and CA MTUS do not address this request. Per the cited guidelines shock wave therapy is "Not recommended. 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. (Seco, 2011)"Per the cited guidelines there is no high grade scientific evidence to support the use of shockwave treatment for this diagnosis. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The request for 4 Extracorporeal Shockwave Therapy for the Lumbar Spine, 4 sessions, as outpatient is not medically necessary.