

Case Number:	CM14-0216399		
Date Assigned:	01/06/2015	Date of Injury:	05/09/2014
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 59 year old employee with date of injury of 5/9/14. Medical records indicate the patient is undergoing treatment for lumbar sprain/strain. Subjective complaints include low back pain. Objective findings include range of motion to the lumbar spine with pain; pain with palpation; trigger points in the lumbar spine; edema, spasm and tight muscles in the lumbar spine. Treatment has consisted of acupuncture, chiropractic care, work conditioning, pain management, Biofreeze, ice/heat, Tramadol, Acetaminophen, Orphenadrine Citrate ER, Meloxicam. The utilization review determination was rendered on 12/16/14 recommending non-certification of Shockwave Therapy, Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy lumbar: 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 Chapter, Shock wave therapy

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, ESWT

Decision rationale: MTUS does not specifically refer to Electric Shockwave therapy. ODG states that shock therapy of lumbar spine, 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. Shockwave therapy is not recommended as treatment for low back pain. The treating physician did not document the number of treatments being requested or objective findings to warrant exceeding guideline recommendations. As such, the request for Shockwave therapy, lumbar is not medically necessary.