

Case Number:	CM14-0080149		
Date Assigned:	07/18/2014	Date of Injury:	03/04/2013
Decision Date:	06/23/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 38 year old male who sustained an industrial injury on 03/04/2013. He reported neck, mid, and low back pain. The injured worker was diagnosed as having Lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain, and stress/ anxiety. Treatment to date has included acupuncture, physical therapy, pain management, electromyogram/nerve conduction velocity testing, and functional capacity evaluation. Currently, the injured worker complains of low back pain rated 6-7/10, made worse with activity and temporarily relieved with rest and medications; neck pain that is frequent, moderate and sharp rated 6/10, made worse with activities and temporarily relieved with rest and medications; and back pain that is rated 6-7/10 that is made worse with activities and relieved temporarily with rest and medications. On examination the mobility of the cervical and lumbar spine was mildly to moderately impaired, foraminal compression and Jackson's compression tests were positive and Kemp's, Ely's and iliac compression tests were positive bilaterally. Tenderness was noted at the lumbar paraspinal muscles. Treatment recommendations included continuation of acupuncture, and requesting Shockwave Therapy 3 sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 3 sessions 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 Official Disability Guidelines (ODG), 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-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy and Other Medical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for back pain. When seen, pain was rated at 6-7/10. There was decreased spinal range of motion and tenderness. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating low back pain. Therefore, the request is not medically necessary.