

<b>Case Number:</b>	CM15-0018918		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Washington

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 is a 51-year-old male who reported an injury on 09/08/2008. The mechanism of injury involved heavy lifting. The current diagnoses include cervical spine herniated nucleus pulposus and lumbar spine herniated nucleus pulposus. The injured worker presented on 12/09/2014 for a followup evaluation. Upon examination, there was decreased range of motion of the lumbar spine with positive muscle spasm. Recommendations at that time included continuation of the current medication regimen, a course of acupuncture treatment, a course of chiropractic therapy, a urinalysis, and a followup in 4 weeks. A Request for Authorization form was then submitted on 12/09/2014 for orthopedic shockwave therapy for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho Shockwave to L-spine times 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS therapy, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient evidence exists to determine the effectiveness of sympathetic therapy. There are no guideline recommendations for the use of shockwave therapy for the lumbar spine. The medical necessity has not been established in this case. Given the above and the California MTUS/ACOEM Practice Guidelines, the request is not medically appropriate.