

Case Number:	CM15-0120592		
Date Assigned:	07/01/2015	Date of Injury:	10/10/2009
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Emergency Medicine

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 63 year old female, who sustained an industrial injury on October 10, 2009, incurring upper and lower back injuries. She was diagnosed with lumbosacral disc disease, lumbar radiculopathy, cervical disc degeneration, and cervical radiculopathy. She underwent a lumbar laminotomy and micro discectomy. Treatment included physical therapy, neuropathic medications, anti-inflammatory drugs, pain medications, epidural steroid injection, sleep aides and work restrictions. Currently, the injured worker complained of persistent low back pain radiating into the bilateral buttocks and down into the thigh, calf and foot with numbness. Her pain was rated 8/10 on a pain scale of 1 to 10. She complained of constant neck pain radiating into the scapular and shoulder region. Prolonged walking worsened leg symptoms. She was treated with greater trochanteric injections, anti-inflammatory drugs and pain medications. The treatment plan that was requested for authorization included six sessions of ultrasonic shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Ultrasonic shockwave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back & Acute & Chronic, note: "Shock wave therapy.

Decision rationale: The requested 6 Sessions of Ultrasonic shockwave therapy is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low back & Acute & Chronic, note: "Shock wave therapy 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)." The injured worker has persistent low back pain radiating into the bilateral buttocks and down into the thigh, calf and foot with numbness. Her pain was rated 8/10 on a pain scale of 1 to 10. She complained of constant neck pain radiating into the scapular and shoulder region. The treating physician has not documented the medical necessity for this procedure as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, 6 Sessions of Ultrasonic shockwave therapy is not medically necessary.