

Case Number:	CM15-0122057		
Date Assigned:	07/06/2015	Date of Injury:	07/15/2013
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 15, 2013. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy performed on June 3, 2014. An RFA form received on April 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 27, 2014, the applicant apparently received localized intense neurostimulation therapy to ameliorate issues with low back pain in the lumbar spine region. In a handwritten note dated April 21, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was asked to continue using a TENS unit. Large portions of the progress notes were very difficult to follow and not altogether legible. A May 5, 2014 progress note contained no mention or reference to the need for extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 6/3/2014), Extracorporeal shock wave treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine Page(s): 123; 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Shock wave therapy.

Decision rationale: No, the request for extracorporeal shockwave therapy, a form of therapeutic ultrasound, was not medically necessary, medically appropriate, or indicated here. Page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, of which the extracorporeal shockwave therapy (ESWT) at issue is a subset, is deemed not recommended in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of treatment. Here, however, the attending provider's concurrent usage of two separate passive modalities, namely a localized intense neurostimulation therapy and extracorporeal shockwave therapy, thus, was at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, ODGs Low Back Chapter Shockwave Therapy topic also notes that extracorporeal shockwave therapy is not recommended in the treatment of low back pain, as was/is present here. Here, the attending provider's documentation was sparse, thinly developed, and did not contain much in the way of a supporting rationale for selection of this particular modality in the face of the unfavorable MTUS and ODG positions on the same. Therefore, the request was not medically necessary.