

Case Number:	CM15-0129224		
Date Assigned:	07/15/2015	Date of Injury:	11/20/2013
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/03/2015

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 49 year old male who sustained an industrial injury on 11/20/13 when he was thrown back against the wall of a tractor trailer and then fell to the floor in a seated position. When he stood up he experienced pain in his low back and a sensation of weakness in his legs and pain in his left shoulder. He was unable to exit the trailer for 30 minutes because the exit was blocked He was medically evaluated, received x-rays and a pain injection. He later had physical therapy. He currently complains of dull, achy low back pain with a pain level of 8/10 without medications and 5/10 with medication; dull, achy left shoulder pain with a pain level of 6/10 without medication and 4/10 with medication. On physical exam of the lumbar spine there was tenderness to palpation of the lumbar paravertebral muscles and muscle spasm; the left shoulder exhibited tenderness on palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. Medications were Anaprox, cyclobenzaprine, alprazolam, Prilosec, Norco, gabapentin 10%/ amitriptyline 10%/ bupivacaine 5% in cream base; flurbiprofen 20%/ baclofen 5%/ dexamethasone 2%/ menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base. Diagnoses include lumbar facet hypertrophy; lumbar sprain/ strain; left rotator cuff sprain/ strain; left shoulder sprain/ strain; lumbar myositis, myalgia; insomnia; anxiety; depression. Treatments o date include medications; lumbar facet injection at bilateral L4-5, L5-S1 (4/23/15); psychological evaluation; lumbar epidural steroid injections; functional capacity evaluation. In the progress note dated 5/18/15 the treating provider's plan of care included a request for shockwave therapy one time per week for three weeks (per progress note).

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave 1 times a week for 4 weeks for the low back area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/15/15) Online Version 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, Shockwave therapy.

Decision rationale: The requested Shockwave 1 times a week for 4 weeks for the low back area, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back, noted: "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 dull, achy low back pain with a pain level of 8/10 without medications and 5/10 with medication; dull, achy left shoulder pain with a pain level of 6/10 without medication and 4/10 with medication. On physical exam of the lumbar spine there was tenderness to palpation of the lumbar paravertebral muscles and muscle spasm; the left shoulder exhibited tenderness on palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. The treating physician has not documented the medical necessity for this treatment as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Shockwave 1 times a week for 4 weeks for the low back area is not medically necessary.