

Case Number:	CM15-0143362		
Date Assigned:	08/04/2015	Date of Injury:	10/06/2010
Decision Date:	11/25/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 42 year old female sustained an industrial injury on 10-6-10. Documentation indicated that the injured worker was receiving treatment for lumbar disc protrusion with radiculopathy and thoracic pain. Previous treatment included physical therapy, extracorporeal shockwave therapy, transcutaneous electrical nerve stimulator unit, lumbar support orthotic, activity modification, home exercise and medications. On 6-11-15, the injured worker complained of low back pain rated 8 out of 10 on the visual analog scale, with lower extremity radicular symptoms. The injured worker reported a decrease in activity tolerance due to pain with subsequent loss of range of motion. Physical exam was remarkable for multiple trigger points to the lumbar spine, diminished sensation at bilateral L5 and S1 distributions, positive bilateral straight leg raise, 4+ out of 5 left extensor hallucis longus and eversion strength and 5- out of 5 right eversion. The treatment plan included requesting extracorporeal shock wave therapy to treat lumbar trigger points and myofascial pain syndrome. In a PR-2 dated 7-7-15, the injured worker complained of low back pain with bilateral lower extremity symptoms rated 8 out of 10 on the visual analog scale. Physical exam was unchanged. The treatment plan included continuing to request extracorporeal shockwave therapy for the lumbar spine, physical therapy for the lumbar spine, continuing transcutaneous electrical nerve stimulator unit and lumbar orthosis and continuing medications (Norco, Tramadol, Naproxen Sodium and Protonix). On 7-21-15, Utilization Review non-certified a request for five sessions of extracorporeal shockwave therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Sessions of extracorporeal shockwave therapy for 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), Low Back, Lumbar & Thoracic (Acute & Chronic).

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 section, Extracorporeal shockwave therapy and Other Medical Treatment Guidelines http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the ACOEM, five sessions extracorporeal shock wave therapy to the lumbar spine is not medically necessary. Shockwave therapy is not recommended for back pain. The evidence does not support the effectiveness of shockwave for treating back pain. The clinical use of these forms of treatment is not justified and should be discouraged. Two small studies for upper back or neck pain have been published. Shockwave therapy provided temporary relief of neck pain, but the effects of radial shockwave without physical therapy need to be examined. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months' duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy). Delayed unions. Erectile dysfunction. Lateral epicondylitis (tennis elbow). Low back pain. Medial epicondylitis (golfers elbow). Non-unions of fractures. Osteonecrosis of the femoral head. Patellar tendinopathy. Peyronie's disease. Rotator cuff tendonitis (shoulder pain). Stress fractures. Wound healing (including burn wounds). Other musculoskeletal indications. (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured worker's working diagnoses are protrusion L4 - L5 and L5 - S1; multiple trigger points lumbo-paraspinal musculature refractory; and thoracic myofascial pain. Date of injury is October 6, 2010. Request for authorization is July 13, 2015. According to a July 7, 2015 progress note, subjective complaints include low back pain with lower extremity radiculopathy left greater than right, pain score/10. The injured worker failed trigger point injections, home exercise program and non-steroidal anti-inflammatory drugs. Objectively, there is tenderness to palpation with decreased range of motion and positive straight leg raising. There was a peer to peer between the treating physician assistant and utilization reviewer. The PA acknowledged extracorporeal shock wave therapy is not indicated for the lumbar spine. The guidelines do not recommend extracorporeal shock wave therapy to the lumbar spine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for extracorporeal shock wave therapy to the lumbar spine, five sessions extracorporeal shock wave therapy to the lumbar spine is not medically necessary.