

<b>Case Number:</b>	CM15-0144429		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 11-18-13. She reported left leg, left foot, lumbar spine, pelvis, and left shoulder pain. The injured worker was diagnosed as having L2-S1 facet osteoarthropathy, cervical myofascial pain, and left foot or ankle numbness or pain. Treatment to date has included physical therapy, chiropractic treatment, and medication. Physical examination findings on 7-20-15 included multiple tender lumboparaspinal trigger points, a positive straight leg raise on the right, and diminished sensation over the left greater than right L5 and S1 dermatomal distributions. Cervical pain with range of motion and diminished sensation at C6-7 right greater than left dermatomal distributions was also noted. Currently, the injured worker complains of cervical, thoracic, and lumbar spine pain with left lower extremity numbness and tingling. The treating physician requested authorization for extracorporeal shockwave therapy x5 sessions for lumboparaspinal trigger points or myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy X 5 sessions, Extracorporeal shock wave therapy to treat lumboparaspinal trigger points/myofascial pain syndrome: 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 and Chronic) chapter, Shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Back Chapter, Shock wave therapy.

**Decision rationale:** The patient presents with pain affecting the left shoulder, cervical spine, and lumbar spine. The current request is for Shockwave therapy X 5 sessions, extracorporeal shock wave therapy to treat lumboparaspinal trigger points/ Myofascial pain syn. The treating physician states in the report dated 7/20/15, Continue with requests for shockwave therapy lumbar spine to address myofascial component/ trigger points, 5 sessions (171B). The ODG Guidelines state, not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In this case, the treating physician has prescribed a treatment that is not recommended by the ODG guidelines. The current request is not medically necessary.