MAXIMUS Federal Services

Case Number:	CM15-0170108		
Date Assigned:	09/14/2015	Date of Injury:	03/10/2006
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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 claimant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 10, 2006. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for six sessions of extracorporeal shockwave therapy. The applicant's attorney subsequently appealed. The full text of the UR decision was not, it was incidentally noted, attached to the application. On April 23, 2015, the applicant reported ongoing complaints of low back pain, which had reportedly proven recalcitrant to physical therapy, rest, ice, and massage therapy. Extracorporeal shockwave therapy was apparently performed on this date and on a subsequent note dated May 14, 2015. On an RFA form, dated July 31, 2015, extracorporeal shockwave therapy for the lumbar spine and knee was sought. In an associated progress note dated July 28, 2015, the applicant was off of work, on total temporary disability, owing to 7/10 low back and knee pain complaints. Naprosyn, Prilosec, Flexeril, and topical compounds were renewed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave lumbar spine 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Shock wave therapy.

Decision rationale: No, the request for six sessions of ortho shockwave therapy (AKA extracorporeal shockwave therapy for the lumbar spine) was not medically necessary, medically appropriate, or indicated here. Extracorporeal therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here. ODG's Low Back Chapter Shockwave Therapy topic also notes that shockwave therapy is deemed "not recommended" in the low back pain context present here. Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable MTUS and ODG positions on the same. It is further noted that the applicant did receive extracorporeal shockwave therapy in April and May 2015, i.e., before the July 31, 2015 RFA form seeking further extracorporeal shockwave therapy. By all accounts, the applicant had failed to respond favorably to the same. The applicant was kept off of work, on total temporary disability, as of the date of the request, July 31, 2015. The applicant remained dependent on Naprosyn, Flexeril, a variety of topical compounded agents, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier extracorporeal shockwave therapy in the mid-2015. Therefore, the request for an additional six sessions of extracorporeal shockwave therapy was not medically necessary.