

Case Number:	CM15-0173469		
Date Assigned:	09/15/2015	Date of Injury:	08/30/2012
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old man sustained an industrial injury on 8-30-2012. The mechanism of injury is not detailed. Diagnoses include lumbar spine surgery, progressive neurological deficit, rule out sympathetically maintained pain syndrome of the right lower extremity. Treatment has included oral medications and use of crutches. Physician notes dated 8-12-2015 show complaints of low back pain rated 8 out of 10 with right lower extremity symptoms and right knee pain rated 3 out of 10. The physical examination shows diminished sensation down the L5 and S1 dermatomes, positive straight leg raise, extensor hallucis longus muscle and right eversion weakness, and muscle spasms in the lumboparaspinal musculature. Recommendations include shockwave therapy, DNA and genetic testing, Hydrocodone, Cyclobenzaprine, Naproxen, Viagra, urine drug screen, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy lumbar spine 5 sessions: 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, 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-Lumbar & Thoracic (Acute & Chronic), Shock wave therapy and Other Medical Treatment Guidelines Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. *Annals of Rehabilitation Medicine*. 2012; 36 (5): 665-674.

Decision rationale: The claimant sustained a work injury in August 2012 and is being treated for right knee pain and low back pain with right lower extremity radiating symptoms with a history of a lumbar decompression in March 2014. When seen, she was ambulating with crutches. There was lumbar spine tenderness with decreased right lower extremity strength and sensation and positive straight leg raising. Shock wave treatments were requested. Opioid rotation was being considered. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS that are equally effective in providing pain relief and improved spine range of motion. The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating low back pain. The request was not medically necessary.