

Case Number:	CM15-0177102		
Date Assigned:	09/17/2015	Date of Injury:	09/19/2012
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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 is a 65 year old female with a date of injury of September 19, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for a lumbar disc with annular tear. Medical records dated April 27, 2015 indicate that the injured worker complains of frequent lower back pain and moderate left leg pain with numbness and tightness. A progress note dated July 29, 2015 notes subjective complaints of flare up of the back, numbness of both legs, and stiffness of the back. Per the treating physician (July 29, 2015), the employee has work restrictions including no lifting greater than 15 pounds, walking and standing limited to 4 hours a day, and restrictions on stooping, bending, and climbing. The physical exam dated April 27, 2015 reveals tenderness to palpation of the lumbar spine, limited range of motion of the lumbar spine (flexion of 30 degrees, extension of less than 5 degrees, right lateral flexion of 12, left lateral flexion of 8), positive orthopedic evaluation of the lumbar spine and left leg, neurological findings decreased in the left lower extremity at L3, L4, and L5, and positive straight leg raise on the right. The progress note dated July 29, 2015 documented a physical examination that showed tenderness to palpation of the lumbar spine, limited and painful range of motion of the lumbar spine (flexion of 20 degrees, extension of 0, right lateral flexion of 8, left lateral flexion of 8), positive orthopedic evaluation of the lumbar spine and left leg, neurological findings decreased in the left lower extremity at L3, L4, and L5, and positive straight leg raise on the right. Treatment has included chiropractic treatments (unknown number), medications (Hydrocodone for an undisclosed amount of time), physical therapy (unknown number), and magnetic resonance imaging of the lumbar spine (September 4, 2013) that showed a 6

millimeter disc with a tear. The original utilization review (August 25, 2015) non-certified a request for extracorporeal shock wave therapy once each week for three to six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 1 time a week for 3-6 weeks for 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 Chapter.

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 September 2012 and continues to be treated for low back pain with intermittent lower extremity radicular symptoms. She has findings of L4/5 degenerative disc disease with facet hypertrophy and foraminal narrowing and Grade I spondylolisthesis. Treatments have included medications and physical therapy. She has not had spinal surgery. When seen, she was having a flare-up of back pain with intermittent left leg pain and numbness. Physical examination findings included decreased and painful range of motion with lumbar tenderness. There were decreased left lower extremity neurological findings. Authorization was requested for a series of weekly shockwave treatments for the lumbar spine. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections 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.