

Case Number:	CM15-0178978		
Date Assigned:	09/21/2015	Date of Injury:	07/29/2014
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/11/2015

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 injured worker is a 37 year old male, who sustained an industrial injury on 07-29-2014. The injured worker was diagnosed as having lumbar sprain-strain. On medical records dated 07-17-2015, subjective complaints were noted as lumbar spine pain noted as constant moderate achy, sharp, and burning low back pain. Prolonged standing and sitting makes the pain worse. Objective findings were noted as lumbar spine tenderness to palpation of the lumbar paravertebral muscles, Kemp's cause pain, tenderness over the sciatic notches and sitting straight leg raise cause pain. A decreased lumbar range of motion was noted in all planes due to end of range back pain. The injured worker was noted to be able to return to work on 07-18-2015 to be modified. The injured worker underwent extracorporeal shockwave treatment on 07-23-2015. Treatments to date included physical and manipulation therapy, acupuncture, injections and medication. Current medication was listed as topical ointment, Tramadol, Naproxen, Cyclobenzaprine and Omeprazole. The Utilization Review (UR) was dated 08-10-2015. A Request for Authorization was dated 07-17-2015 requested x-ray, shockwave and x-ray. The UR submitted for this medical review indicated that the request for shockwave therapy 1x6 for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 1x6 for the lumbar spine: Upheld

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

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 July 2014 and is being treated for chronic low back pain. He was seen for an initial evaluation by the requesting provider on 07/17/15 and was having upper, mid, and low back pain. Physical examination findings included a body mass index over 32. There was paravertebral tenderness. Kemp's testing was positive. There was pain with seated straight leg raising. Shock wave treatments for the lumbar spine were requested. 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 shock wave therapy for treating low back pain. The request is not considered medically necessary.