

Case Number:	CM15-0179416		
Date Assigned:	09/21/2015	Date of Injury:	10/01/2014
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
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: 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 48 year old male who sustained an industrial injury October 1, 2014. Past history included obesity. Past treatment included; medication, 16 sessions of physical therapy, home exercise program, aqua therapy, and yoga. According to a primary treating physician's progress report dated July 27, 2015, the injured worker presented with continued complaints of low back pain. He reported difficulty walking long distances. Physical examination revealed; tenderness to palpation at the bilateral lumbar paravertebral musculature, diminished lumbar range of motion. The physician documented; "there is stenosis on his MRI study". Impression is documented as spinal stenosis. Treatment plan included refill prescriptions for Meloxicam and Soma, additional physical therapy, extra corporeal shockwave therapy, return to work with modified duties of no lifting greater than 120 pounds and return office visit in six weeks. At issue, is a request for authorization dated August 7, 2015, (diagnosis lumbar strain) for physical therapy with shockwave therapy to the lumbar spine two times a week for six weeks. According to utilization review dated August 13, 2015, the request for outpatient physical therapy and shockwave therapy to the lumbar spine, (2) two times a week for (6) six weeks is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with shockwave therapy to the lumbar two times a week for six weeks:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ODG online, Low back, Shockwave therapy.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Physical therapy with shockwave therapy to the lumbar two times a week for six weeks. The requesting treating physician report dated 8/31/15 (14B) provides no rationale for the current request. The report dated 4/27/15 (22B) states, "On 12/04/14, the examinee was underwent x-rays of his low back and was instructed to initiate an active physical therapy program completing 16 sessions." (The patient) was taught on how to continue with the exercise through a home exercise program. The MTUS guidelines do not address shockwave therapy. The ODG guidelines states under Shock Wave therapy, not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 16 sessions of prior physical therapy for the low back. The patient's status is not post-surgical. In this case, the patient has received at least 16 sessions of PT for the low back to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the patient has already been instructed to carry-on with a home exercise program. Lastly, the ODG guidelines do not recommend shockwave therapy for treatment of low back pain. The current request is not medically necessary.