

<b>Case Number:</b>	CM15-0042657		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Indiana

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 injured worker is a 35 year old male, who sustained an industrial injury on 2/11/2013. The diagnoses have included other intervertebral disc displacement, pain in thoracic spine, low back pain, lumbar radiculopathy and lumbar disc displacement. Treatment to date has included acupuncture and medication. According to the progress report dated 1/14/2015, the injured worker complained of dull mid back pain and spasms. He rated the pain as 7/10. He complained of burning, radicular low back pain and muscle spasms. He stated that the medications offered temporary relief of pain. Thoracic spine exam revealed bilateral thoracic paraspinal muscle guarding and palpable tenderness at the spinous processes T3, T4 and T5. Exam of the lumbar spine revealed bilateral lumbar paraspinal muscle guarding and decreased range of motion. Straight leg raise was positive on the right and left. The treatment plan included continuing the course of shockwave therapy up to six treatments for the cervical, thoracic and 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 once a week for 6-12 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 (ODG) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back: Shockwave therapy.

**Decision rationale:** MTUS is silent on shockwave therapy for treatment of back pain, but ODG states the following: "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." Therefore, the request for Extracorporeal shockwave therapy once a week for 6-12 weeks is not medically necessary.