

Case Number:	CM15-0064117		
Date Assigned:	04/10/2015	Date of Injury:	01/10/2014
Decision Date:	05/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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

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 50 year old male, who sustained an industrial injury on January 10, 2014. He reported never fully recovering from his low back pain from a 2001 injury, with reevaluation on January 10, 2014. The injured worker was diagnosed as having sub-acute traumatic moderate repetitive lumbar spine sprain/strain and low back pain. Treatment to date has included electrodiagnostic studies, physiotherapy, physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of low back pain rated a 7-8/10 in the 0-10 pain scale. The Primary Treating Physician's report dated February 3, 2015, noted the lumbar spine examination showed moderate spasticity and tenderness, left greater than right, over the paralumbar musculature, with decreased range of motion (ROM), and positive Lasegues' test, Braggart's test, and Single Leg Raise test bilaterally (rule out herniated disc). The treatment plan was noted to include request for authorization of six sessions of shockwave therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy, six 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Extracorporeal shockwave therapy (ESWT) Page(s): 112 and 113.

Decision rationale: Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic non-unions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Extracorporeal shock wave therapy, six sessions is not medically necessary and appropriate.