

<b>Case Number:</b>	CM15-0078664		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, 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:

The injured worker is a 41 year old female who sustained an industrial injury on 5/14/14. She has reported initial complaints of back injury with pain after placing a box on a pallet. The diagnoses have included displacement of lumbar disc, lumbar sprain/strain, cervical disc displacement, cervical radiculopathy, cervical strain/sprain and degeneration of cervical intervertebral disc. Treatment to date has included medications, physical therapy, chiropractic, and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays. The current medications included Tramadol, Cyclobenzaprine and compounded topical creams. Currently, as per the physician progress note dated 4/7/15, the injured worker complains of neck and low back pain. The objective findings revealed decreased cervical range of motion, tenderness, and spasm. The lumbar spine revealed decreased range of motion, tenderness and spasm. The physician noted that due to continuing pain despite manual physical therapy, ultrasound, and activity modifications and failed Non-steroidal anti-inflammatory drugs the physician requested treatment included 6 sessions of extracorporeal shock wave therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of extracorporeal shock wave therapy for the 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, Shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy.

**Decision rationale:** Regarding the request for ESWT for lumbar spine, California MTUS does not address the issue. ODG cites that it is not recommended for the lumbar spine, as the available evidence does not support its effectiveness in treating low back pain. In light of the above issues, the currently requested ESWT for lumbar spine is not medically necessary.