

Case Number:	CM15-0091555		
Date Assigned:	05/15/2015	Date of Injury:	11/19/2012
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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 39 year old male, who sustained an industrial injury on 11/19/12. The injured worker has complaints of lower back pain with spasms which radiates into the left lower extremity. The documentation noted on palpation that there is palpable tenderness of the paravertebral muscles, bilaterally with spasms on the left more than the right. The documentation noted that there was pain with range of motion. The diagnoses have included L4-S1 (sacroiliac) degenerative disc disease; recurrent left L4-L5 radiculopathy and status post left L4-5 and L5-S1 (sacroiliac) laminotomies in February 2013 and status post left L4-S1 (sacroiliac) laminectomy and discectomy with re-exploration, 5/14/14 and chronic intractable pain. Treatment to date has included norco and ibuprofen; lumbar spine X-rays on 8/26/13 initially reviewed showed moderately severe disc height loss at L4-5 and L5-S1 (sacroiliac) with evidence of left L4-5 and L5-S1 (sacroiliac) laminotomy no instability or fracture; magnetic resonance imaging (MRI) of the lumbar spine on 9/18/13 and 10/21/14; X-rays of the lumbar spine on 8/18/14 showed disc space narrowing at L4-L5 and L5-S1 (sacroiliac). The request was for 6 sessions of shockwave therapy 1x6 to the lumbar spine quantity 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of shockwave therapy 1x6 to the lumbar spine Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify shockwave frequency, duration of ESWT or specific indication to warrant this procedure. 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 6 Sessions of shockwave therapy 1x6 to the lumbar spine Qty 6 is not medically necessary and appropriate.