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**Notice of Independent Medical Review Determination**

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	5/14/2012
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002567

- 1) MAXIMUS Federal Services, Inc. has determined the request for shockwave therapy times six for the lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for shockwave therapy times six for the lumbar spine **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

"The date of injury is 5/14/12. The patient is a 30 year old female. The diagnosis provided is cervical and lumbar sprain. The mechanism of injury is slipped on a wet floor. This is a request for lumbar shockwave treatment."

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/09/2013)
- Employee Medical Records from [REDACTED]
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for shockwave therapy times six for the lumbar spine:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Low Back, Shockwave Therapy section, which is not part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the

guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Shock Wave Therapy section, and the AETNA Clinical Policy Bulletin: Extracorporeal Shock-Wave therapy for Musculoskeletal Indications and Soft tissue Injuries: Number 0649.

Rationale for the Decision:

The employee sustained a work-related injury on 5/14/12. The medical records provided for review indicate treatments have included analgesic medications, lumbar and cervical MRIs, topical compounds, electrodiagnostic testing, and an unspecified amount of shockwave therapy. The request is for shockwave therapy times six for the lumbar spine.

The ODG low back chapter shock wave therapy topic, which notes that shock wave treatment is not recommended” in the treatment of low back pain. Based on the Aetna Guidelines, extracorporeal shockwave therapy is considered experimental and investigational for numerous conditions, including low back pain “other musculoskeletal conditions. It is further noted that the employee has had six sessions of extracorporeal shockwave therapy, despite the unfavorable recommendations. The employee has failed to profit or demonstrate any evidence of functional improvement. The employee has failed to effect any improvement in terms of work status, work restrictions, activities of daily living and/or diminished reliance on medical treatment. The fact that the employee remains off of work, on total temporary disability, and continues to use numerous analgesic and adjuvant medications argues against any functional improvement to date. **The request for shockwave therapy times six for the lumbar spine is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.