
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	3/26/1994
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003674

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 1 extracorporeal shockwave therapy **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and 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 19, 2013:

“The patient is a 55 year old female with a date of injury of 3/26/1994. The provider is requesting retrospective certification for one extracorporeal shockwave therapeutic procedure (ECSWT) completed on 1/17/2013. Review of the available record shows that that patient was being treated for pains in the low back, left knee, and neck. Prior treatment included physical therapy, manipulative therapy, acupuncture, injections, and medications.”

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 dated 7/26/2013
- Utilization Review Determination from Claims Administrator [REDACTED] dated 7/19/13
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request 1 extracorporeal shockwave therapy:**

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, Low Back – Lumbar & Thoracic (Acute & Chronic) which is not part of the MTUS. The Expert Reviewer stated MTUS did not apply to the issue at dispute and

found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/26/94. The submitted medical records note low back pain, neck pain, and left knee pain. The employee's diagnoses include lumbar spine pain, cervicalgia, lumbar spine radiculitis, lumbar spine radiculopathy and cervical spine radiculopathy. Per the submitted medical records, prior treatment has included physical and manipulating therapy, acupuncture, injections and medications. A request has been submitted for 1 extracorporeal shockwave therapy.

The guidelines note that the available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. Per the guidelines, the clinical use of shockwave therapy is not justified and should be discouraged. The requested 1 extracorporeal shockwave therapy **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.