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| <b>Case Number:</b>   | CM13-0019465 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 06/19/2010 |
| <b>Decision Date:</b> | 07/11/2014   | <b>UR Denial Date:</b>       | 08/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 40-year-old female sustaining injury to her low back on 06/13/10 while working as a caregiver at a convalescent facility; she was lifting a resident when she turned wrong, injuring her low back. The injured worker shows Morbidity at 5'4" 304 pounds. Physical examination noted flexion 60% of normal with some paraspinous muscle tightness; extension 80% normal; left lateral bending normal; right lateral bending restricted due to left paraspinous muscle tightness at 80% of normal; hip flexion slight weakness; deep tendon reflexes 2+ and symmetric; Spurling's test negative bilaterally; examination of the bilateral lower extremities otherwise unremarkable. Treatment to date has included physical therapy and medications. Epidural steroid injections have not been effective. The injured worker was diagnosed with lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND OF RENAL / BLADDER PRE AND POST VOIDING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for ultrasound of renal / bladder pre and post voiding is not medically necessary. The Official Disability Guidelines (ODG) states that ultrasound imaging is not recommended for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. No published peer reviewed literature supports the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. Given the clinical documentation submitted for review, medical necessity of the request for ultrasound of renal / bladder pre and post voiding has not been established.