

<b>Case Number:</b>	CM13-0035586		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/18/2000
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 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 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 underlying date of injury in this case is 04/18/2000. This patient has been diagnosed with prostate cancer since 1998 and is status post prostatectomy in 1998, as well as subsequent salvage radiation for a local recurrence in the pelvis in 2002. In 2011, the patient was found to have further progression within the pelvis, with biopsy-proven recurrence. On 08/07/2013, the patient was seen in oncology follow-up with his history of known metastatic prostate cancer. The treatment plan was to begin radium treatment. The treating physician additionally indicated the patient was hopeful to get into a clinical trial involving novel therapy using ultrasound technology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance (MR)-guided focused ultrasound to the bone metastases:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Ultrasound Med, 2013 Oct; 31 (10): 1855-62.doi: 10.7863/ultra.32.10.1855. High-intensity focused ultrasound ablation for treatment of hepatocellular carcinoma and hypersplenism: preliminary study.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on therapeutic ultrasound, state that such treatment is not recommended and note that despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain or musculoskeletal injuries or soft tissue injuries remains questionable and that there was little evidence that active therapeutic ultrasound was more effective than placebo for treating patients with a wide range of conditions. The medical records in this case do not provide a rationale as an exception to this guideline, but rather state that this is a request for a novel, or essentially experimental, form of treatment. Whether this ultrasound is intended as a primary treatment for the patient's neoplasm or as a means of pain management or both, the medical records discuss the treatment as experimental. Given that status, the treatment guidelines do not support this treatment as medically necessary. Therefore, overall this treatment is not medically necessary.