

<b>Case Number:</b>	CM13-0069216		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 66 year old female who reported an injury on 01/25/2013. The mechanism of injury was a fall. The clinic note dated 12/12/2013, provided for review, showed the injured worker complained of low back pain rated at a constant 5/10 and rated at an 8/10 upon activities. She denied any radiating pain, numbness or tingling. The injured worker reported she was taking prescribed pain medication and an anti-inflammatory medication although she could not recall the names of the medication. The physical examination reported the injured worker's lumbar spine had limited range of motion and a negative straight leg raise bilaterally. Her muscle strength was reportedly 5/5 in all muscle groups with sensation intact in both lower extremities. The injured worker's diagnoses included chronic low back pain with underlying degenerative disc disease L4-5. The request for authorization was submitted on 11/20/2013. A clear rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303-305.

**Decision rationale:** The request for MRI of the lumbar spine is non-certified. The injured worker is reported to have ongoing low back pain secondary to fall. The American College of Occupational and Environmental Medicine recommends unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical information included for review does not provide documented neurological deficits consistent with radiculopathy, and there is no consideration of surgical intervention. Therefore, the request for MRI of lumbar spine is not medically necessary.

**ULTRASOUND OF THE BUTTOCKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for ultrasound of buttocks is non-certified. The clinical documentation provided for review showed the injured worker had a history of low back pain reportedly rated 7/10 and treated with Naproxen and over the counter topical Medroxin. CA MTUS Guidelines indicate ultrasound is not recommended. The effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The clinical information submitted for review stated no change throughout care. There was a lack of a rationale for the proposed treatment. In addition, there was no frequency or duration for the proposed treatment. Therefore, the request for ultrasound for the buttocks is not medically necessary.