

<b>Case Number:</b>	CM14-0138926		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 injured worker is a 42-year-old male who reported an injury on 01/12/2010. The mechanism of injury was not provided. On 05/19/2014, the injured worker presented with persistent neck, low back, and shoulder pain. The injured worker had a prior medial branch block at the L1-2 and L2-3 facets on 11/08/2013. Upon examination, there was tenderness to palpation over the lumbar paraspinals and increased back pain with facet loading. There was decreased sensation throughout the right upper and lower extremities. Diagnoses were compression fracture, cervical radiculopathy, chronic pain, and HNP of the lumbar spine. Prior therapy included chiropractic treatment, medial branch block, and medications. The provider recommended an ultrasound of the abdomen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of Abdomen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/16790453><http://www.ncbi.nlm.nih.gov/pubmed/8652992>

**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, Ultra Sound

**Decision rationale:** The request for Ultrasound of Abdomen is not medically necessary. The Official Disability Guidelines do not recommend ultrasounds based on medical evidence which shows there is no proven efficacy of treatment of acute or low back symptoms. However, therapeutic ultrasounds have few adverse effects and are not invasive and are moderately costly. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The provider's rationale for an ultrasound of the abdomen was not provided. Additionally, there are no signs and symptoms provided relating to the abdomen. It is not known if the ultrasound was needed for therapeutic or diagnostic purposes. As such, medical necessity has not been established.