

Case Number:	CM14-0175314		
Date Assigned:	10/28/2014	Date of Injury:	09/08/2011
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Pain Medicine & Spinal Cord Medicine, and is licensed to practice in Maryland. 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 claimant has a history of a work injury occurring on 09/05/11 when, while working as a machine operator and repetitively lifting, he had low back pain. He was seen on 05/02/14. He was having ongoing back pain rated at 6/10. Physical examination findings included decreased and painful lumbar spine and hip range of motion. Recommendations included continued conservative care consisting of medications, self trigger point management, TENS, and a home exercise program. Medications were refilled. On 05/30/14 pain was rated at 7/10. He was not having any medication side effects. Physical examination findings appear unchanged. On 06/20/14 he was having worsening back and bilateral leg pain, numbness, and tingling. Pain was rated at 6-7/10. Physical examination findings included lumbar paraspinal muscle tenderness with decreased range of motion. There was a positive right straight leg raise. There was decreased right lower extremity sensation. Authorization for additional testing and for a lumbar epidural steroid injection, tramadol, zolpidem, and a Functional Capacity Evaluation were requested. On 07/18/14 pain was rated at 6-7/10. He was having stomach upset. He had started chiropractic treatment. Medications were refilled. Chiropractic treatments are documented. On 07/21/14 he was having thoracic and lumbar spine symptoms. Physical examination findings included painful spinal range of motion. Treatments included manipulation, cryotherapy, heat, muscle stimulation, exercise, and a home exercise program. On 08/18/14 he had completed 6 treatments. He was having ongoing symptoms. On 09/22/14 pain was rated at 5/10. Stomach upset had improved with omeprazole. He had improved with chiropractic treatments. Physical examination findings appear unchanged. Conservative care was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Ultrasound Low Back: Upheld

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

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic back pain with radiating leg symptoms. Therapeutic ultrasound is not recommended in the treatment of chronic pain. 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. Therefore the ultrasound treatments were not medically necessary.