

Case Number:	CM14-0038581		
Date Assigned:	06/27/2014	Date of Injury:	04/29/2013
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Chiropractic & Acupuncture, 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 claimant is a 36-year-old male who sustained a work related injury on 4/29/2013. Prior treatment includes acupuncture, chiropractic, physical therapy, oral medication, transcutaneous electrical nerve stimulation (TENS), and home exercise program. Per a progress report dated 6/17/14, the claimant has low back pain that has been helped with medications and acupuncture. The claimant states that he has improvement of function and can sit for longer periods. The claimant is not working. His diagnoses are lumbar degenerative disc disease, lumbar sprain/strain, and myofascial pain. Per a progress report dated 5/9/14, the claimant's lumbar spine range of motion is 65/90 flexion, 15/30 extension, 15/20 right and left lateral flexion, and 20/30 left and right rotation. He has positive straight leg raise (SLR), Migram, Kemp, and SLR at 50 degrees. Per a progress report dated 3/4/14, the claimant had ultrasound in the office. However, there is no documentation of any benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) ultrasound therapy sessions for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ultrasound Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Ultrasound.

Decision rationale: According to MTUS and Official Disability Guidelines (ODG), ultrasound is not recommended and there is little evidence that ultrasound is more effective than placebo. It is not recommended for treating people with pain, musculoskeletal injuries, and soft tissue lesions. In this case, there has also been no documented improvement from ultrasound for the claimant. Therefore, the request for two sessions of ultrasound are not medically necessary.