

Case Number:	CM14-0061528		
Date Assigned:	07/09/2014	Date of Injury:	10/02/2013
Decision Date:	04/07/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old female, with a reported date of injury of 10/02/2013. The diagnoses include cervical spine disc syndrome, myofasciitis/muscle spasm, lumbar spine disc syndrome, cervical spine pain, and lumbar spine pain. Treatments have included an MRI of the cervical spine, lumbar spine, and shoulders, and an electromyography/nerve conduction study of the lower extremities on 03/07/2014, oral anti-inflammatory medication, and oral muscle relaxer. The progress report dated 02/05/2014 indicates that the injured worker complained of cervical and lumbar spine myospasm with loss of range of motion, as well as right shoulder pain and myospasm with loss of range of motion. She rated her pain 7 out of 10. The objective findings include pain and limited range of motion of the cervical spine, lumbar spine, and right shoulder; pain on palpation and taut muscles/spasm of the cervical and lumbar spine; sensory loss of the right upper and lower extremity in the right hand and foot; trigger points in the cervical and lumbar spine; and tenderness to palpation and muscle spasm over the upper trapezius on the right and left. The treating physician requested the purchase of an ultrasound stimulator and conductive gel. The medical record from which the request originates was not included in the medical records provided for review. On 04/09/2014, Utilization Review (UR) denied the request for the purchase of an ultrasound stimulator and the purchase of conductive gel. The UR physician noted that 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 promoting soft tissue healing. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Stimulator - purchase: Upheld

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

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

Decision rationale: The record requesting this treatment was not available for my review. It appears to be a DME request from the IW's chiropractor. Aforementioned MTUS citation notes 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 promoting soft tissue healing. The request is not medically necessary.

Conductive gel - purchase: Upheld

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

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

Decision rationale: The record requesting this treatment was not available for my review. It appears to be a DME request from the IW's chiropractor. As the Ultrasound unit has been found to be not medically necessary, conductive gel is therefore not indicated.