

Case Number:	CM15-0102309		
Date Assigned:	06/04/2015	Date of Injury:	11/10/2013
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old male patient who sustained an industrial injury on 11/10/2013. The diagnoses included lumbar laminectomy and chronic pain syndrome. He sustained the injury while painting using a ladder, ladder slipped and patient fell. Per the doctor's note dated 5/8/2015 he had complaints of pain over multiple areas. Per the doctor's note dated 5/4/2015 he had continued lumbar pain and radiating to thoracic spine pain as well as radiation to the anterior rib area; pain over the shoulder, left ankle, knee and hip. The physical examination revealed lumbar spine tenderness that radiated to the left buttock and left lower extremity. The medications list includes norco and omeprazole. He has had multiple diagnostics studies including MRIs of brain, right hand, left knee, lumbar spine, cervical spine, right ankle, right knee, shoulders and thoracic spine; X-rays and electrodiagnostic studies. He has undergone lumbar surgery on 5/30/2014 and left knee surgery in 2004. He has had acupuncture, physical therapy visits, chiropractic care, TENS, injections for this injury. The injured worker had been treated with medications. The treatment plan included Ultrasound Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic, page 123.

Decision rationale: Q-Ultrasound Therapy: Per the cited guidelines therapeutic ultrasound is "Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, 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 there is no high grade scientific evidence to support the therapeutic ultrasound for this diagnosis. In addition, failure to prior conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Ultrasound Therapy is not fully established for this patient.