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| <b>Case Number:</b>   | CM15-0130661 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 03/28/2008 |
| <b>Decision Date:</b> | 08/21/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 43 year old female who has reported low back pain after an injury on 03/28/2008. The diagnoses have included lumbar degenerative disc disease, neuritis, and chronic pain syndrome. Treatment has included physical therapy, acupuncture, medications, and epidural steroid injections. The current primary treating physician has applied ultrasound at visits in 2015, with no specific functional improvement documented. Intensity of other medical treatment was not decreased after ultrasound therapy, and the injured worker was recently referred to a functional restoration program. Per the PR2 from the primary treating physician dated 06/08/2015, there was increased low back pain. A functional restoration program was pending. The treatment plan included medications and a future visit for ultrasound of the low back, as ultrasound had previously provided more relief than acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of lower back Qty:1:** Upheld

**Claims Administrator 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 Chapter, Ultrasound Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Ultrasound Therapeutic Page(s): 9, 123.

**Decision rationale:** The MTUS recommends against therapeutic ultrasound to treat chronic pain, as there is no good evidence to support this modality. No specific functional improvement occurred after prior ultrasound treatment, and any pain relief was likely minimal given the ongoing and intensive medical treatment after the application of ultrasound. Therapeutic ultrasound for the low back is not medically necessary based on the MTUS.