

Case Number:	CM15-0135180		
Date Assigned:	07/23/2015	Date of Injury:	10/11/2012
Decision Date:	08/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old female who sustained an industrial/work injury on 10/11/12. She reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar sprain/strain, lumbar radiculopathy, lumbar degenerative disc disease, cervical sprain/strain, and cervical radiculitis. Treatment to date includes medication, exercises, transcutaneous electrical nerve stimulation (TENS) unit, thera cane, wrist splints, acupuncture (8 visits), back support, and diagnostics. Currently, the injured worker complained of flare up of low back pain, rated 8/10. There was also neck pain rated 5/10. Per the primary physician's report (PR-2) on 6/29/15, exam noted cervical range of motion was decreased with lateral/forward flexion. There was positive tenderness to palpation over the paraspinal muscles on the left, lumbar range of motion was decreased, able to heel/toe walk but with pulling sensation in the back when doing so. There was tenderness in the left paraspinal muscles. The requested treatments include Ultrasound therapy for lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound therapy for lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Ultrasound, therapeutic Page(s): 9, 124.

Decision rationale: The MTUS recommends against therapeutic ultrasound to treat chronic pain, as there is no good evidence to support this modality. The patient is suffering from a chronic back pain. MTUS guidelines do not recommend the use of therapeutic ultrasound for the treatment of chronic pain. Therapeutic ultrasound for the low back is not medically necessary based on the MTUS.