

Case Number:	CM15-0135751		
Date Assigned:	07/23/2015	Date of Injury:	07/14/2014
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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(n) 47-year-old female, who sustained an industrial injury on 7/14/14. She reported pain in her lower back after lifting a 25-50 pound tote. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease and muscle spasms. Treatment to date has included a lumbar MRI, acupuncture with some benefit, chiropractic treatments x 6 will little relief and over-the-counter medications with no effect on pain. As of the PR2 dated 6/10/15, the injured worker reports continued lower back pain. She rates her pain a 7/10. Objective findings include reduced lumbar range of motion and a positive straight leg raise test bilaterally at 80 degrees. The treating physician requested ultrasound heat treatment twice a week for six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Heat Treatment twice a week for six weeks for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for a left lumbar sprain. Treatments have included chiropractic care, acupuncture, and medications. When seen, she was having ongoing constant low back pain rated at 7/10. There was decreased lumbar spine range of motion with positive straight leg raising. There was normal strength and reflexes were normal. Therapeutic ultrasound is not recommended in the treatment of chronic pain. 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. The ultrasound treatments were not medically necessary.