

<b>Case Number:</b>	CM15-0140054		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 73 year old male, who sustained an industrial injury on 08-13-2013. He has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included cervical spine herniated nucleus pulposus; cervical radiculopathy; bilateral shoulder internal derangement; bilateral wrist sprain-strain; bilateral wrist tenosynovitis; lumbar spine herniated nucleus pulposus; lumbar radiculopathy; bilateral knee internal derangement; bilateral ankle sprain-strain; anxiety disorder; sleep disorder; hypertension; and diabetes. Treatment to date has included medications, diagnostics, bracing, acupuncture, shockwave therapy, and physical therapy. Medications have included Dicoprofanol, Deprazine, Tabradol, Synapryn, Fanatrex, and topical compounded creams. A progress note from the treating physician, dated 05-29-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms; the pain is constant and rated at 4 out of 10 on a pain analog scale; the pain is associated with numbness and tingling of the bilateral upper extremities; constant burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms; the pain is rated as 3-4 out of 10 on a pain analog scale; constant burning bilateral wrist pain and muscle spasms; the pain is rated as 3-4 on a pain analog scale; constant burning, radicular low back pain and muscle spasms; the pain is rated at 3-4 out of 10 on a pain analog scale and is associated with numbness and tingling of the bilateral lower extremities; constant burning bilateral knee pain and muscle spasms; the pain is rated as 4 out of 10 on a pain analog scale; constant burning bilateral ankle pain and muscle spasms; the pain is rated as 4 out of 10 on a pain analog scale; the symptoms persist, but the medications do offer him temporary relief of pain and improve his ability to have restful sleep; and the pain

is also alleviated by activity restrictions. Objective findings included tenderness to palpation at the suboccipital region and over the trapezius and scalene muscles; decreased cervical spine ranges of motion; tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle of the bilateral shoulders; tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally; sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities; he ambulates with a cane; able to heel-toe walk and has pain with both; palpable tenderness at the lumbar paraspinal muscle sand over the lumbosacral junction; decreased range of motion of the lumbar spine; and straight leg raise test is positive on the right and the left. The treatment plan has included the request for ultrasound.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/15136022>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an ultrasound. The clinical documents lack indication for the above study. There is insufficient documentation for the necessity of the study. The request is also non-specific to area. According to the clinical documentation provided and current guidelines; an ultrasound is not medically necessary.