

Case Number:	CM15-0162813		
Date Assigned:	08/31/2015	Date of Injury:	10/01/2014
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 10-01-14. He reported injury to his lower back after slipping on a soapy kitchen floor and falling on his back. The injured worker was diagnosed as having lumbosacral or thoracic neuritis or radiculitis, lumbar sprain and sacroiliac ligament sprain. Treatment to date has included chiropractic treatments x 12 sessions, a TENS unit Gabapentin, Naproxen and LidoPro cream. On 7-8-15 the injured worker presented for a TENS unit trial. The treating physician noted the injured worker's pain before the treatment was 8 out of 10 and after it was 6 out of 10. As of the PR2 dated 7-22-15, the injured worker reports pain in his lower back. He rates his pain a 7 out of 10. Objective findings include normal gait, mild lumbar tenderness and flexes to reach mid-tibias. The treating physician requested a low back ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for imaging is not supported by the provided documents. There is not clear indication provided as to whether ultrasound request is made for therapeutic or diagnostic purpose. Without further indication and explanation requesting imaging or therapy, the request for ultrasound at this time is not medically necessary per the guidelines.