

Case Number:	CM15-0163937		
Date Assigned:	09/01/2015	Date of Injury:	11/04/2011
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 11-04-2011, after a fall from a roof. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included diagnostics, lumbar epidural steroid injection, acupuncture, physical therapy, ultrasound, psychological care, transcutaneous electrical nerve stimulation unit, and medications. Within the medical records (6-01-2015), the injured worker complains of low back pain, rated 5 out of 10. Pain levels appeared consistent for several months, also noting ultrasound treatments. He was attending physical therapy twice weekly. It was documented that pain further attenuated with topical Lidopro, Diclofenac, Cyclobenzaprine, home exercise, and transcutaneous electrical nerve stimulation unit. He was also taking Duloxetine and Trazadone and his mood was stable. Ultrasound treatment was completed. His work status remained modified. A rationale for an interferential unit was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective unknown ultrasound therapy (7/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic.

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

Decision rationale: The records indicate the patient has chronic low back pain. The current request is for retrospective unknown ultrasound (7-8-15). I am unable to locate an attending physician report, which reflects the 7-8-15 date. Progress reports near the date in question do reflect that the patient was treated with ultrasound on the date of the progress evaluation and do indicate the patient had a positive response to treatment with decreased symptoms. The CA MTUS does not recommend therapeutic ultrasound and has this to say on page 123: Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, 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. In this case, the attending physician offers no discussion as to why ultrasound therapy should be provided and also fails to provide a treatment plan, which includes frequency and duration. As such, the current request is not supported by the medical documentation provided and is not consistent with MTUS guidelines. This open-ended request is not medically necessary.