

Case Number:	CM15-0165707		
Date Assigned:	09/03/2015	Date of Injury:	09/13/2004
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 58 year old male, who sustained an industrial injury on September 13, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having injury to knee, leg or ankle, status postsurgical, myofascial pain and lumbar discogenic syndrome. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, medications and physical therapy. On July 28, 2015, the injured worker presented for follow-up regarding his knees and low back. Symptoms were reported to be the same since a prior exam. His pain level was rated as a 7 on a 1-10 pain scale. The treatment plan included continuing TENS unit, medications, additional physical therapy and a follow-up visit. A request was made for ultrasound therapy of the lumbar spine times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound therapy of lumbar x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under Ultrasound.

Decision rationale: The patient presents with pain in the knees and low back rated 7/10. The request is for ULTRASOUND THERAPY OF LUMBAR X 3. The request for authorization is dated 07/28/15. Physical examination of the lumbar spine reveals tenderness to palpation, Decreased range of motion. Meds helpful with pain control, only takes as needed for severe pain, Denies med side effects, TENS unit helpful, increase to four times a day. Home exercise program done frequently. Per work status form dated 07/28/15, the patient is total temporary disability. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, under Ultrasound, therapeutic Section states: Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. In this RCT ultrasound therapy was not efficacious in relieving chronic low back pain. (Licciardone, 2013) There is no high quality evidence to support the use of ultrasound for improving pain or quality of life in patients with non-specific chronic LBP. Treater does not discuss the request. In this case, the patient continues with low back pain. Given the patient's symptoms, treatment of heat therapy might be appropriate. However, the use of therapeutic Ultrasound Therapy for low back pain is not recommended by ODG. Therefore, given the lack of guideline support, the request IS NOT medically necessary.