

Case Number:	CM15-0182495		
Date Assigned:	09/23/2015	Date of Injury:	11/01/2010
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Pennsylvania, Ohio, 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 51 year old female who sustained an industrial injury on 11-1-2010. A review of medical records indicates the injured worker is being treated for lumbar sprain strain, cervical sprain strain, neck, cervical radiculitis, and lumbosacral or thoracic neuritis or radiculitis unspecified. Medical records dated 8-26-2015 noted spine pain was 0 out of 10 and was still numb from cream. Physical examination noted the neck had mild posterior tenderness with mild to moderate weakness bilaterally. The lumbar spine revealed mild diffuse lumbosacral tenderness. Gait showed mild stiffness and slowness. Treatment has included acupuncture and medications. MRI of the neck and low back dated 5-15-2015 showed LS spine broad based disc bulges at L4-5 and L5-S1. MRI of the cervical spine revealed at C5-6 note is made of a broad based disk herniation lateralized to the left indenting the ventral thecal sac. It produces moderate right and severe left neural foraminal narrowing. Canal is patent. RFA dated 8-26-2015 requested an ultrasound of the full spine. Utilization review form dated 9-1-2015 noncertified ultrasound of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the lumbar spine (therapeutic): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Therapeutic ultrasound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Passive treatment such as ultrasound is not supported by MTUS in the current chronic timeframe. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.