

<b>Case Number:</b>	CM15-0182511		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female with a date of injury of November 1, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain, and cervical radiculitis. Medical records dated July 7, 2015 indicate that the injured worker complains of lower back pain, neck pain, and shoulder pain. Records also indicate that acupuncture treatments have been helpful. A progress note dated August 26, 2015 notes the injured worker was being seen for ultrasound of the full spine, and that post treatment pain level was 0 out of 10. Per the treating physician (August 26, 2015), the employee has not returned to work. The physical exam dated July 7, 2015 reveals an antalgic gait and tenderness to palpation (site not specified). The progress note dated August 26, 2015 documented a physical examination that showed an antalgic gait, mild posterior neck tenderness, and mild to moderate weakness of the bilateral hands. Treatment has included acupuncture since at least February of 2015, transcutaneous electrical nerve stimulator unit, medications, magnetic resonance imaging of the cervical spine (May 15, 2015) that showed disc herniation indenting the ventral thecal sac with moderate right and severe left neural foraminal narrowing, and electromyogram-nerve conduction velocity studies of the bilateral upper extremities (date not noted) that showed bilateral cervical radiculopathy. The original utilization review (September 1, 2015) non-certified a request for therapeutic ultrasound of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Cervical (Therapeutic): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The request is for ultrasound therapy (US) to the cervical spine. In this case, the injury is approximately 5 years old. The diagnosis was cervical sprain/strain and radiculitis. Therapeutic US to the spine is under study and is not recommended at this time. The ACOEM has no recommendations for or against the use of ultrasound for acute, sub acute, or chronic conditions. The medical records state that the patient previously had US treatment for the entire spine with complete resolution of pain (0/10), however the patient has not returned to work. Therefore the request for therapeutic US of the neck remains under study and is not recommended and is not medically necessary.