

Case Number:	CM15-0197163		
Date Assigned:	10/12/2015	Date of Injury:	11/18/2014
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas,
California 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 47 year old male patient who sustained an industrial injury on 11-18-14. The diagnoses include lumbosacral or thoracic neuritis or radiculitis-unspecified, lumbar spondylosis without myelopathy, osteoarthritis, facet arthropathy, and sacroiliac ligament sprain-strain. Per the progress report dated 8-28-15, he had complaints of constant low back pain that radiates to the right lower extremity with associated numbness and tingling. Pain was rated at 8 out of 10. Daily anxiety attacks were also reported. Objective exam revealed decreased sensation to light touch L3 on the right. The medications list includes Gabapentin and Cyclobenzaprine. The patient was prescribed Xanax, Flector patch and Lidoderm patch. He has had lumbar MRI dated 1/28/2015; EMG/NCS dated 8/27/15, which revealed electrodiagnostic evidence that would be most consistent with a lumbar radiculopathy on the right side involving the L5 nerve root. The chronicity of the injury is difficult to say with certainty but it would appear to be at least subacute or longer in duration and the possibility of an acute overlay cannot be excluded. Previous treatment includes trigger point injection, transcutaneous electrical nerve stimulation, physical therapy, acupuncture, medication, and home exercise. The requested treatment of ultrasound of the lumbar spine was non-certified on 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ultrasound of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar and Thoracic (Acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15), Ultrasound, diagnostic (imaging).

Decision rationale: 1 ultrasound of the lumbar spine. Whether the requested ultrasound of the lumbar spine was for a diagnostic or therapeutic purpose is not specified in the records provided. The rationale for requesting the ultrasound of the lumbar spine was not specified in the records provided. Per the ODG low back guidelines, diagnostic ultrasound is "Not recommended for the diagnosis of low back conditions. In uncomplicated low back pain, its use would be experimental at best. (CCGPP, 2005) No published peer reviewed literature supports the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. (American Academy of Neurology, 1998) (de Graaf, 2006)." Per the cited guidelines, therapeutic ultrasound is "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." Therefore, there is no high-grade scientific evidence to support the therapeutic or diagnostic ultrasound for this diagnosis. In addition, failure to prior conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The request for 1 ultrasound of the lumbar spine is not medically necessary.