

Case Number:	CM15-0200384		
Date Assigned:	10/15/2015	Date of Injury:	05/21/1985
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 21, 1985. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for an ultrasound machine for home use purposes. The claims administrator referenced a September 3, 2015 office visit and an associated September 15, 2015 RFA form in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. On September 3, 2015, the applicant reported ongoing complaints of hip, knee, and leg pain. The applicant expressed fears over medication addiction. The applicant's medication list included ReQuip, Lipitor, Phenergan, Donnatal, Zoloft, Vivactil, Proscar, Prevacid, Lamictal, Flomax, and Tizanidine, it was reported. The applicant was severely obese, with a BMI of 39, it was acknowledged. An ultrasound machine for home use purposes was sought. The applicant's work status was unchanged. It was not stated whether the applicant was or was not working, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound machine for home use for the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition, 2015, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic), Ultrasound, Therapeutic.

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

Decision rationale: No, the request for an ultrasound machine for home use purposes was not medically necessary, medically appropriate, or indicated here. As noted on page 123 the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, i.e., the modality at issue here, is "not recommended" in the chronic pain context present here. Provision of the ultrasound machine in question was, thus, at odds with both page 123 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, the attending provider seemingly stated on September 3, 2015 that she intended for the applicant to receive both ultrasound therapy and manipulative therapy. Such usage was, however, at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that such passive modalities be employed sparingly during the chronic pain phase of treatment. Therefore, the request was not medically necessary.