

<b>Case Number:</b>	CM15-0209707		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 a represented 38-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 16, 2013. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve requests for lumbar ultrasound, cervical ultrasound, and cyclobenzaprine. The claims administrator referenced an October 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 8, 2015, the applicant reported ongoing issues with low back and neck pain, 9/10, with derivative complaints of depression. Norco, 8 sessions of lumbar ultrasound, and 8 sessions of cervical ultrasound were endorsed in conjunction with physical therapy and TENS therapy. A Toradol injection was administered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Ultrasound, diagnostic (imaging).

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

**Decision rationale:** No, the request for lumbar ultrasound therapy was not medically necessary, medically appropriate, or indicated here. The attending provider's handwritten office visit of October 8, 2015 suggested that the request represented a request for 8 sessions of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, i.e., the modality at issue, is "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's handwritten October 8, 2015 office visit suggested that the attending provider was ordering multiple different passive modalities to include TENS therapy, the ultrasound therapy at issue, and heat therapy. The request, thus, as written, was at odds with both pages 98 and 123 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Cervical ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Ultrasound, diagnostic (imaging).

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

**Decision rationale:** Similarly, the request for cervical ultrasound therapy was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the request in question was framed as a request for administration of therapeutic ultrasound to the cervical spine, per the attending provider's handwritten October 8, 2015 progress note. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is not recommended in the chronic pain context present here. Therefore, the request was not medically necessary.

**Cyclobenzaprine 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Finally, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is

deemed "not recommended." Here, the applicant was, in fact, using other agents to include oral Norco, topical Lidoderm, and injectable Toradol, the treating provider reported on the October 16, 2015 office visit at issue. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.