

Case Number:	CM15-0025189		
Date Assigned:	02/17/2015	Date of Injury:	03/30/2013
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, 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:

The injured worker is a 33 year old female who sustained an industrial injury on 03/30/2013. Diagnoses include chronic musculoligamentous sprain/strain, thoracic spine, chronic musculoligamentous sprain strain of the lumbar spine, rule out lumbar disc herniation, rule out lumbar degenerative disc disease, lumbar radiculitis, rule out radiculopathy, sciatic neuritis, chronic myalgia and myofascitis and myospasm. Treatment to date has included medication, physical therapy, home exercise program, aquatic therapy, a TENS Unit, cognitive therapy/relaxation technique, and lumbar epidural steroid injections. In July 2014, the claimant had an MRI of the lumbar spine which indicated L5-S1 degenerative disc disease. She subsequently underwent an epidural injection. A physician progress note dated 01/07/2015 documents the injured worker's pain in the lumbar spine is worse, with associated stiffness and weakness. She has left buttock pain/sciatic area. There is spasm present and range of motion in the lumbar spine is decreased and strength is decreased. Treatment requested is for Diagnostic Ultrasound of lower lumbar region and Left Buttock.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of lower lumbar region and Left Buttock: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back (acute & chronic), Ultrasound, diagnostic (imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG , low back pain chapter and ultrasound

Decision rationale: According to the guidelines, a diagnostic ultrasound is not recommended for low back pain due to lack of evidence to support its use. The claimant had multiple interventions and a prior MRI. The ultrasound is not needed for diagnostic purposes.