

<b>Case Number:</b>	CM15-0029548		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/16/2005
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old female, who sustained an industrial injury on 4/16/05. The injured worker has complaints of neck pain with associated cervicogenic headaches as well as radicular symptoms to her left upper extremity. The diagnoses have included cervical post-laminectomy syndrome having undergone anterior cervical discectomy and fusion (ACDF) on 11/4/03 and status post ProDisc replacement at C4-5 and C5-6 on 2/14/06. The documentation noted that the injured worker had a suicidal attempt from swallowing an entire bottle of lyrical, xanax and oxycontin. Documentation noted that without the oxycontin combined with the trileptal and lyrical she was unable to function throughout the day. According to the utilization review performed on 1/30/15, the requested Ultrasound Unit Purchase has been non-certified. California Medical Treatment Utilization Schedule (MTUS) Medical Treatment Guidelines regarding ultrasound, therapeutic was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Unit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter under Bone growth stimulators, ultrasound.

**Decision rationale:** The patient presents with neck pain radiating to the left upper extremity and cervicogenic headaches. The request is for ULTRASOUND UNIT PURCHASE. The patient is status post ACDF at C6-7 11/04/03 and status post Pro Disc replacement at C4-5 and C5-6 02/14/06. Physical examination on 09/25/14 to the cervical spine revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased in all planes. Patient's treatments have included medication, physical therapy, home exercise program and acupuncture with benefits. Patient's diagnosis per 12/19/14 progress report include major depression, moderate, pain disorder, R/O sleep disorder due to medical condition, and cognitive disorder (NOS). Per 12/19/14 progress report, patient's medications include Oxycontin, Lyrica, Seroquel, Xanax, Remeron and Oxcarbazepine. Patient's work status is not specified. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Bone growth stimulators, ultrasound states: "Criteria for the use of Ultrasound fracture healing: Fresh Fractures: Most fresh fractures heal without complications with the use of standard fracture care, i.e., closed reduction and cast immobilization. However, low intensity ultrasound treatment may be considered medically necessary for the treatment of fresh, closed or Grade I open fractures in skeletally mature adults when at least one of the following significant risk factors for delayed fracture healing or nonunion are present: (1) Diabetes; (2) Osteoporosis; (3) Steroid therapy; (4) Currently smoking; (5) Fractures associated with extensive soft tissue or vascular damage. Other factors that may indicate use of ultrasound bone healing depending on their severity may include: Obesity, nutritional or hormonal deficiency, age, low activity level, anemia, infection, or comminuted or other especially complicated fractures. Nonunions: Low intensity ultrasound treatment may be considered medically necessary in patients with nonunion of bones, excluding the skull and vertebrae, when all of the following criteria are met: (1) At least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments; (2) Serial x-rays have confirmed that no progressive signs of healing have occurred; (3) The fracture gap is one centimeter or less; (4) fracture is adequately immobilized. (Leung, 2004) (BlueCross Blue Shield, 2007)." Treater has not provided reason for the request. In review of the medical records provided, there was no indication of ultrasound therapy. With regards to ultrasound unit, there is no documentation of fracture or medical condition that would warrant purchase of unit based on guideline indications. Low intensity U/S is supported for non-union of bones, but ODG states that this is not recommended for vertebrae. This patient is s/p fusion surgery of C-spine for which U/S use is not recommended. Therefore, the request IS NOT medically necessary.