

Case Number:	CM15-0040573		
Date Assigned:	03/11/2015	Date of Injury:	05/26/2011
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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(n) 29 year old male, who sustained an industrial injury on 5/26/11. He reported pain in the low back and legs related to a fall. The injured worker was diagnosed as having lumbar strain, lumbar disc bulges and bilateral lower extremity radiculopathy. Treatment to date has included EMG/NCV studies, lumbar MRI, physical therapy and pain medications. On 10/15/14, the injured worker had a posterior spinal fusion at L4-L5 and L5-S1. As of the PR2 dated 1/16/15, the injured worker reports ongoing pain and stiffness to his lumbar spine radiating down both lower extremities. The treating physician noted a positive straight leg raise test on the right at 50 degrees and 60 degrees on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1; Page 311.

Decision rationale: The MTUS/ACOEM Guidelines comment on the methods to evaluate patients with low back complaints. The records in this case indicate that complaints related to the lower back have been the primary reason for seeking medical care. There is an entry in the medical records dated January 26, 2015 and it is from the Primary Treating Physician. The note is brief and is focused on the patient's chronic low back pain; however, the plan indicates that the patient will continue physical therapy and an ultrasound of the right leg were ordered. There was no examination of the leg to indicate a rationale to order the ultrasound. Further, there were no documented complaints from the patient that described symptoms in the right leg. A review of the other medical records described no complaints specific to the right leg. In the Utilization Review Process, the focus was on the use of ultrasound guided corticosteroid injection to the right knee; which was not certified. However, it is unclear from the records as to why the ultrasound was ordered. The MTUS/ACOEM Guidelines provides comment on the use of diagnostic testing for complaints related to the lower back. These are summarized in Table 12-1; Evaluation of Occupational Low Back Complaints. In these guidelines, the assessment of the patient should include a search for red flags, which could be indicators of a serious underlying condition. As an example, in this table ultrasound is recommended in screening a patient who has symptoms concerning for an abdominal aortic aneurysm. Ultrasound may also be used to screen for evidence of a deep vein thrombosis of the leg; however, that is indicated with the presence of red flag signs or symptoms. Without documentation of the rationale for the use of an ultrasound of the right leg, without evidence of red flag symptoms, per the above-cited guidelines, this test cannot be considered as medically necessary. For these reasons, an ultrasound of the right leg is not considered as medically necessary.