

Case Number:	CM15-0052393		
Date Assigned:	04/06/2015	Date of Injury:	12/09/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: Indiana

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 injured worker is a 44 year old female with an industrial injury dated December 9, 2014. The injured worker diagnoses include lumbar region injury, lumbar sprain/strain, lumbar discogenic syndrome and ganglion, unspecified. She has been treated with diagnostic studies, prescribed medications, lumbar brace and periodic follow up visits. According to the progress note dated 1/16/2015, the injured worker reported pain in the lumbar spine and bilateral feet. Objective findings revealed reduced range of motion of the lumbar spine and tenderness to palpitation with bilateral spasm. The treating physician prescribed services for ultrasound therapy for the lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Therapy Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound, Therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back; Ultrasound (therapeutic).

Decision rationale: Regarding ultrasound therapy, ODG states the following: "Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. However, therapeutic ultrasound has few adverse effects, is not invasive, and is moderately costly, so where deep heating is desirable, providers and payors might agree in advance on a limited trial of ultrasound for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care including exercise (but it is still not recommended by ODG). Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. (van Tulder, 1997) (Philadelphia Panel, 2001) (Robertson, 2001) In a small study, extension and lateral flexion range of motion significantly increased in the ultrasound (US) group, compared to sham-US. (Ansari, 2006) The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) In this RCT ultrasound therapy was not efficacious in relieving chronic low back pain. (Licciardone, 2013)". There is no medical documentation to justify why a treatment modality that is not recommended by guidelines should be recommended. Therefore, the request is not medically necessary.