

Case Number:	CM15-0052965		
Date Assigned:	03/26/2015	Date of Injury:	05/10/2014
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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 56-year-old female, who sustained an industrial injury on 5/10/2014. The current diagnoses are cervical spondylosis, lumbar spondylosis, psychiatric comorbidity, and chronic pain syndrome. According to the progress report dated 12/9/2014, the injured worker complains of constant, sharp neck pain associated with constant headaches and nausea. The pain is rated 8/10 on a subjective pain scale. Additionally, she reports constant, middle and lower back pain that will flare when her neck pain gets bad. She reports tightness in her low back. She has intermittent right-sided thigh pain associated with numbness and tingling with some weakness. She rates her right thigh pain 7/10. The current medications are Naproxen, Cyclobenzaprine, and Lidocaine. Treatment to date has included medication management, modified duty, X-rays, physical therapy, back support, chiropractic, and MRI of the cervical/lumbar spine and left upper extremity. The plan of care includes ultrasound treatment for cervical/lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound treatment for cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Neck & upper back chapter, Ultrasound, Low back chapter, Ultrasound.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for ultrasound treatment for cervical/ lumbar spine. Per 12/09/14 progress report, the patient has had physical therapy, chiropractic treatment and medication. The patient is currently working with modified duty. X-ray of the left shoulder from 05/13/14 reveals no acute displaced fracture. X-ray of the lumbar spine from 05/13/14 shows mild to moderate multilevel disc degeneration. X-ray of the cervical spine from 05/13/14 demonstrates mild reversal of the normal cervical lordosis at C4 and moderate to severe disc degeneration from C3 to C6. MTUS and ACOEM guidelines do not mention Ultrasound treatment. ODG guidelines, under Neck Chapter, Ultrasound Topic, do not recommend therapeutic ultrasound, stating "under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." (Gross-Cochrane, 2002) (Aker, 1999) (Philadelphia, 2001) ODG guidelines, under Low back chapter, Ultrasound Topic, does not recommend therapeutic ultrasound. "Based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms." In this case, the treater does not explain why ultrasound treatment is being requested. MTUS guidelines do not support ultrasound treatment for chronic neck or low back pain. Therefore, the request is not medically necessary.