

Case Number:	CM15-0058129		
Date Assigned:	04/02/2015	Date of Injury:	09/27/2012
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, Florida, California
 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 48-year-old male who sustained an industrial injury on 9/27/12. The injured worker reported symptoms in the neck, back and lower extremities. The injured worker was diagnosed as having sciatica, cervical sprain/strain and lumbar disc syndrome. Treatments to date have included Electromyography/Nerve Conduction Velocity study, and activity modification. Currently, the injured worker complains of pain in the neck, back and lower extremities. The plan of care was for ultrasound, mechanical traction and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009 Page(s): 16.

Decision rationale: Per the evidence-based guides, passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. In this case, it is not clear there is any active treatment. The role of isolated passive treatments is not clear. Although passive treatments provide comfort, they do not provide active improvement in the patient's functional state. At present, the request is not medically necessary.

Mechanical Traction 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009 Page(s): 16.

Decision rationale: Per the evidence-based guides, passive modalities, such as traction and ultrasound are to be minimized in favor of active treatments. In this case, it is not clear there is any active treatment, so it cannot be confirmed if a balance between active and passive care is evident. The role of isolated passive treatments is not clear. At present, the request is not medically necessary.