

Case Number:	CM15-0063212		
Date Assigned:	04/09/2015	Date of Injury:	09/30/2014
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 41 year old male, who sustained an industrial injury on 9/30/2014. He reported loss of consciousness after a roof fell on top of him. The injured worker was diagnosed as having post-concussion syndrome, cervical musculoligamentous injury, cervical myofascitis, thoracic musculoligamentous injury, thoracic myofascitis, lumbosacral sprain/strain, lumbar muscle spasm, bilateral sacroiliac joint sprain, left shoulder sprain/strain, left shoulder muscle spasms, right shoulder sprain/strain, and right shoulder muscle spasm. Treatment to date has included medications, work restrictions, x-rays, and magnetic resonance imaging. The request is for ultrasound of the thoracic spine. On 12/19/2014, he is seen regarding his head, brain, neck, back, and shoulders, as well, as neurological, dizziness, vertigo, and fainting. He indicates having a headache he rated 8/10, neck pain rated 8/10, upper/mid back pain rated 8/10, low back pain rated 8/10, and left and right shoulder pain rated 8/10. He reports that the medications he was prescribed were not helpful. The treatment plan included: chiropractic treatment, physiotherapy, x-rays, and referral for functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Spine Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ultrasounds, diagnostic (imaging) (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This 41 year old male has complained of thoracic spine pain and low back pain since date of injury 9/30/14. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for thoracic spine ultrasound. Per the ACOEM guidelines cited above, ultrasound is not a diagnostic evaluation recommended in the treatment of back pain. On the basis of the available documentation and per the ACOEM guidelines cited above, thoracic spine ultrasound is not medically necessary.