

Case Number:	CM15-0085922		
Date Assigned:	05/08/2015	Date of Injury:	06/27/2008
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 6/27/08. He has reported initial complaints of sharp low back pain after maneuvering a crate weighing about 300 pounds. The diagnoses have included cervical radiculitis/ radiculopathy, cervical disc herniation, lumbar strain/sprain, lumbosacral neuritis, and sacroiliitis. Treatment to date has included medications, activity modifications, sacroiliac joint injections, diagnostics, physical therapy, chiropractic, urology, and cervical epidural steroid injections (ESI). Currently, as per the physician progress note dated 11/13/14, the injured worker complains of low back pain with limited range of motion with tingling and numbness in the right lower extremity (RLE). The pain is rated 9/10 on pain scale most of the time and he reports that after sitting on hard surfaces he gets radiation of pain to the thigh and he reports that pain is worse since last visit. The injured worker is status post sacroiliac injection on 11/5/14 with 50 percent improvement and increased functionality with range of motion and decreased use of medications. He continues to complain of progressive limited range of motion to the neck and arms associated with severe muscle spasms. He also reports severe headaches with blurred vision requiring pain medications for relief. He reports that the tingling and numbness in the cervical region as well as weakness to the right arm is progressing. The objective findings reveal progressive weakness, tingling and numbness in the right leg. The lumbar pain continues with selective radiculopathy. It was noted that he has severe sacroiliac joint inflammation with signs/symptoms of radiculopathy/radiculitis to the thigh. The Gaenslen's and Fabre tests were positive and the sacroiliac joint thrust is positive. The right arm reveals progressive weakness and complaints of weak grip. He continues

with severe headaches and worsening cervical pain with severe limited range of motion with cervical tingling and numbness. The current medications included Zanaflex, Celebrex, Norco, Omeprazole, Ambien, Topical compound cream and terocin patch. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine dated 3/9/14 revealed disc desiccation, loss of disc height and disc protrusion. Magnetic Resonance Imaging (MRI) of the cervical spine dated 10/15/14 revealed disc desiccation, loss of disc height, disc herniation with stenosis, and degenerative changes with stenosis. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/9/14 revealed disc desiccation, disc bulge with stenosis and facet hypertrophy. The physician requested treatment included Portable ultrasound machine purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable ultrasound machine purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-.26 Page(s): 123.

Decision rationale: According to the MTUS ultrasound, therapy for chronic pain is not recommended. 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. In this case, the request is for a portable US unit for a patient being treated for chronic pain. The treatment is not medically necessary based on MTUS recommendations.