

<b>Case Number:</b>	CM14-0115953		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the documents available for review, the patient is a 51 year old male. The date of injury is 9/11/2006. The patient sustained an injury to the lumbar spine. The mechanism of injury occurred when the patient was moving pallets and some boxes fell on his back. The patient currently complains of pain in the low back with radiation into the right knee. The patient is maintained on the multimodal pain medication regimen including conductive gel. A request for conductive gel was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Page(s): 123.

**Decision rationale:** According to the MTUS, therapeutic ultrasound is not recommended. There is little evidence that active therapeutic ultrasound is more affected than placebo ultrasound for treating people with pain or range of musculoskeletal injuries or for promoting soft tissue healing. Similarly, conductive gel is not recommended. Therefore, at this time, the requirements

for treatment have not been met, and medical necessity for Conductive Gel has not been established.