

Case Number:	CM14-0139921		
Date Assigned:	09/08/2014	Date of Injury:	01/11/2008
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 54-year-old male who reported an injury on 10/07/2002, the mechanism of injury was not provided. On 07/16/2014, the injured worker presented with complaints of low back pain with intermittent leg numbness into the left leg that extends to the ankle intermittently. Upon examination of the lumbar spine, there was diffuse tenderness to palpation and decreased range of motion in all planes. There was positive left sided straight leg raise and a positive facet loading at L4-5 bilaterally. There was intact sensation to the bilateral lower extremities and 4+/5 strength in the bilateral extremities. Diagnoses were chronic pain, adjacent segment disease at L4-5, facet arthropathy of the lumbar spine, lumbar radiculopathy. Prior therapy included an ESI and medications. The provider recommended an ultrasound of the abdominal, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review

IMR ISSUES, DECISIONS AND RATIONALES

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

One abdominal ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Center for Nursing and Supportive Care. Irritable bowel syndrome in adults. Diagnosis and management of irritable

bowel syndrome in primary care. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 27 p. (Clinical Guideline; 61).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ultrasound.

Decision rationale: The request for an ultrasound of the abdominal is not medically necessary. The Official Disability Guidelines do not recommend ultrasound. Ultrasound is one of the most widely and frequently used electrophysical agents. There was 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. There is lack of documentation related to any deficits or patient complaints related to the abdominal. Additionally, the guidelines do not recommend ultrasound. As such, medical necessity has not been established.