

Case Number:	CM14-0145662		
Date Assigned:	09/12/2014	Date of Injury:	09/18/2002
Decision Date:	11/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 52 year old female who was injured on 09/18/2002. The mechanism of injury is unknown. Progress report dated 07/23/2014 documented the patient to have complaints of headaches. On exam, cervical musculature revealed tenderness to palpation along the posterior cervical musculature. She has decreased sensation to Wartenberg pinwheel along the posterolateral arms and forearms bilaterally. She also has decreased range of motion. She is diagnosed with right sciatica, Bell's palsy, mild cervical dystonia, C6-C7 pseudoarthrosis and medication induced gastritis. Prior utilization review dated 08/22/2014 states the request for Ultrasound Home Unit; Purchase is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound home unit for purchase: Upheld

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

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

Decision rationale: This is a request for purchase of an ultrasound home unit for a 52-year-old female injured on 9/18/02 with chronic neck pain and headaches status post multilevel cervical

fusion. However, according to MTUS guidelines, therapeutic ultrasound 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." Medical necessity is not established.