

<b>Case Number:</b>	CM14-0146951		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 year old male, who sustained an industrial injury on 12/16/2010. According to a progress report dated 08/14/2014, the injured worker was seen for continued neck and low back pain that radiated to the lower extremity with burning, weakness and numbness, right greater than left. He tried using a back brace but it caused him to experience more pain. Medications helped 30 to 40 percent with pain. Treatments have included physical therapy, medications, group therapy and imaging. Diagnoses included cervical degenerative disc disease, thoracic discogenic syndrome and lumbar degenerative disc disease. Treatment plan included therapeutic ultrasound, Tramadol, Topiramate and Omeprazole. Currently under review is the request for therapeutic ultrasound for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Ultrasound, low back:** Upheld

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

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

**Decision rationale:** This injured worker was denied a request for therapeutic ultrasound of the low back. . There are no red flag symptoms or signs, which would be indications for immediate referral or further diagnostic testing. Therapeutic ultrasound is not recommended and 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. The records do not document the rationale for a treatment that is not recommended and the medical necessity for the ultrasound is not substantiated in the records. Therefore, the requested medical treatment is not medically necessary.