

<b>Case Number:</b>	CM14-0218079		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female, with a reported date of injury of 10/27/2011. The results of the injury were neck pain and back pain. The diagnoses include cervical sprain/strain with myofasciitis, thoracolumbar sprain/strain with myofasciitis, sacroilitis, lumbar radiculitis/sciatica, and rule out intervertebral disc syndrome of the cervical and lumbar spine. Treatments have included an x-ray of the lumbar spine on 09/25/2014, an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper and lower extremities on 06/30/2012, an MRI of the lumbar spine on 03/07/2013, diagnostic study of the lumbar spine and cervical spine on 10/11/2012, pain medication, anti-inflammatory medications, muscle relaxants, and home exercise program. The medical record from which the request originates was not included in the medical records provided for review. The doctor's first report of occupational injury or illness dated 06/30/2012 indicates that the injured worker had neck, upper back, and low back pain, with associated muscle spasms and pain radiating into her shoulder blades, arms, buttocks, hips, and intermittently into her bilateral lower extremities, right worse than left. The objective findings included neck tenderness with muscle spasms noted; decreased range of motion on flexion, extension, lateral bending bilaterally in the neck and back due to pain; tenderness to deep palpation over the right sacroiliac joint; and a positive straight leg raise test. The injured worker was temporarily totally disabled. On 12/10/2014, Utilization Review (UR) denied the retrospective request for the purchase of an ultrasound unit (date of service: 07/09/2012). The UR physician noted that there was no objective documentation to show medical necessity. The MTUS Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultrasound Unit (DOS 7/9/12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Chapter under Bone growth stimulators, ultrasound

**Decision rationale:** The patient presents with neck pain radiating to shoulder blades and arms; and upper, middle and low back pain radiating to buttocks, hips and intermittently to bilateral lower extremities, right worse than left. The request is for Retrospective Ultrasound Unit -DOS 07/09/13. Patient's diagnosis on 06/30/12 includes cervical and thoracolumbar sprain/strain with myofasciitis, and sacroiliitis. Patient is temporarily totally disabled. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Bone growth stimulators, ultrasound states: "Criteria for the use of Ultrasound fracture healing: Fresh Fractures: Most fresh fractures heal without complications with the use of standard fracture care, i.e., closed reduction and cast immobilization. However, low intensity ultrasound treatment may be considered medically necessary for the treatment of fresh, closed or Grade I open fractures in skeletally mature adults when at least one of the following significant risk factors for delayed fracture healing or nonunion are present: (1) Diabetes; (2) Osteoporosis; (3) Steroid therapy; (4) Currently smoking; (5) Fractures associated with extensive soft tissue or vascular damage. Other factors that may indicate use of ultrasound bone healing depending on their severity may include: Obesity, nutritional or hormonal deficiency, age, low activity level, anemia, infection, or communitied or other especially complicated fractures. Nonunions: Low intensity ultrasound treatment may be considered medically necessary in patients with nonunion of bones, excluding the skull and vertebrae, when all of the following criteria are met: (1) At least three months have elapsed since the date of fracture and the initiation of conventional fracture treatments; (2) Serial x-rays have confirmed that no progressive signs of healing have occurred; (3) The fracture gap is one centimeter or less; & (4) fracture is adequately immobilized. (Leung, 2004) (BlueCross Blue Shield, 2007)" Treater has not provided reason for the request. Progress report dated 07/09/12 with the DOS was not provided for review. The closest progress report dated 06/30/12, had no mention of Ultrasound unit. Instead, there was a request for "X-Force Stimulator for home use to heal the effects of musculoskeletal damage from the patient's work related injury." With regards to ultrasound unit, there is no documentation of fracture or medical condition that would warrant purchase of unit based on guideline indications. Therefore, the request IS NOT medically necessary.