

Case Number:	CM15-0010405		
Date Assigned:	01/27/2015	Date of Injury:	07/19/1995
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained a work/ industrial injury on 7/19/95. She has reported symptoms of lower back (lumbar spine) pain and radicular symptoms. Prior medical history was not documented. The diagnoses have included lumbar and cervical spine myoligamentous injury. Treatment to date has included analgesics, exercises, physical therapy, and trigger point injections. The treating physician reported tenderness in the cervical and lumbar paraspinal muscles and decreased range of motion, normal reflexes, and normal strength in both the cervical and lumbar paraspinal muscles. There was no evidence of acute neurologic or orthopedic impairments. The purchase of an ultrasound home unit for diagnosis of myofascitis and myofascial pain syndrome involving the lumbar myoligamentous structures. On 12/31/14, Utilization Review non-certified a Purchase of Ultrasound Home Unit for Lumbar Strain, as an outpatient, noting the American College of Occupational and Environmental Medicine (ACOEM) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Ultrasound Home Unit for the Submitted Diagnosis of Lumbar (Lower Back) Strain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/low back](https://www.acoempracguides.org/low%20back)

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

Decision rationale: 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. In this case, the claimant had undergone other modalities for relief that have more proven benefit. In addition, the indefinite use of an ultrasound unit via home purchase is well beyond the range of scientific support not supported by the guidelines. The request for a home Ultrasound therapy unit is not medically necessary.