

Case Number:	CM15-0010980		
Date Assigned:	01/28/2015	Date of Injury:	02/18/2014
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on 2/18/14. He has reported pain in the low back and right leg. The diagnoses have included lumbar strain, lumbar radiculopathy and lumbar disc protrusion per MRI. Treatment to date has included diagnostic studies and oral medications. 05/14/14 lumbar MRI without contrast was interpreted as consistent with show disc bulges at facet joint arthropathy at multiple levels. The paraspinal muscles appeared unremarkable. There was no mention of any soft tissue mass or fluid collection adjacent to the lumbar spine. As of the PR2 dated 11/13/14, the injured worker reported a palpable painful mass on lower right lumbar region and significant low back pain that radiates to right leg. The treating physician requested one diagnostic ultrasound of the lumbar spine. 12/30/14 office note stated that treating physician had requested diagnostic ultrasound for a mass located next to the lumbar spine and superior to the iliac crest which was painful to palpation. He stated that diagnostic x-ray would be requested due to non-certification of the ultrasound following peer review, but that he was not sure that this would be of benefit in evaluation of a soft tissue mass. On 12/24/14 Utilization Review non-certified a request for one diagnostic ultrasound of the lumbar spine. The utilization review physician cited non-MTUS guidelines. On 1/20/15, the injured worker submitted an application for IMR for review of one diagnostic ultrasound of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic ultrasound of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zoga AC, Weissman BN, Kransdorf MJ, Adler R, Appel M, et al. Expert Panel on Musculoskeletal Imaging, ACR Appropriateness Criteria, Reston (VA) American College of Radiology, 2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter American College of Radiology ACR Appropriateness Criteria Clinical Condition: Soft-Tissue Masses Variant 2: Soft-tissue mass. Nonspecific clinical assessment. Initial imaging study. Variant 4: Soft-tissue mass. Nondiagnostic radiologic evaluation.

Decision rationale: MTUS is silent concerning diagnostic ultrasound for the low back. ODG does not recommend diagnostic ultrasound for diagnosis of low back conditions, noting lack of published peer reviewed literature supporting diagnostic ultrasound for evaluation of patients with back pain or radicular symptoms. However, the current request is for ultrasound to evaluate a soft tissue mass. Previous MRI did not identify a mass or fluid collection in this area. American College of Radiology ACR Appropriateness criteria recommend plain x-rays as the initial imaging study for patients with soft tissue mass. If radiologic evaluation is nondiagnostic, ACR recommends MRI without contrast as preferred next study (rating = 9), and lists diagnostic ultrasound as an optional study (rating = 5). Plain x-ray would have been the appropriate initial study in this case. However, given the completely negative MRI study for area of interest, it is reasonable to proceed to ultrasound without requiring an intervening x-ray study. Ultrasound would be useful in order to further define the mass and determine whether it is solid or cystic in nature.