

<b>Case Number:</b>	CM15-0112275		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Texas, Florida, California  
 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 43 year old female with an industrial injury dated 5/9/13. Diagnoses include Chronic Pain Syndrome, Lumbosacral or Thoracic Neuritis or Radiculitis, and Patellofemoral Syndrome. A primary treating physician progress report dated 5/1/15 notes the injured worker reports new bilateral heel pain which worse in the morning and when standing up after prolonged sitting. Medication is Naproxen 500 mg twice a day. A primary treating physician progress report dated 5/5/15 notes ultrasound of the full spine with pre- treatment pain level at 5 and post treatment pain level at 1 out of 10 and that pain relief seems to last about 30 minutes. A primary treating physician progress report dated 5/20/15 notes she complains of pain at a level of 6 and presents for ultrasound of the full spine. Post treatment pain level is noted as 3 out of 10. The MRI does not show any abnormalities that explain the injured workers symptoms. It's likely that the symptoms are due to chronic pain. The treatment plan is to continue physical therapy which is noted to be a little helpful, return in 2 weeks for another ultrasound of the back which was helpful this time, continue medications, and continue TENS patches. Previous treatment includes psychotherapy, Naproxen, (TENS) transcutaneous electrical nerve stimulation, physical therapy, and cognitive behavioral therapy. A treating psychologist report dated 5/15/15 notes diagnoses of Depressive disorder, Chronic pain; unable to work, and financial stressors and a (GAF) Global Assessment of Functioning to be at 67. Work status is documented as she has been instructed to remain off work until 6/5/15. The requested treatment is Ultrasound x3 (Lumbar Spine).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound x 3 (Lumbar Spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123 of 127.

**Decision rationale:** This claimant was injured in 2013, and has chronic back and patellofemoral pain. As of late, there is new heel pain. They had tried TENS, medicine, physical therapy and cognitive behavioral therapy. Regarding therapeutic ultrasound, the MTUS notes: 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. (Robertson, 2001). Given this adverse evidence-based support, the request is not medically necessary.