

Case Number:	CM15-0116191		
Date Assigned:	06/24/2015	Date of Injury:	08/26/2011
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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, New York, 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 applicant is a represented 36-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of August 26, 2011. In a Utilization Review report dated June 4, 2015, the claims administrator partially approved a request for three cervical ultrasound treatments as one cervical ultrasound treatment. Progress notes and RFA forms of March 1, 2015, April 1, 2015, and May 27, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant was placed off work, on total temporary disability. 6/10 multifocal pain complaints were reported. The applicant had received recent trigger point injections, without benefit, it was reported. Therapeutic ultrasound was performed in the clinic while the applicant was kept off work. On April 1, 2015, the applicant was again placed off of work, on total temporary disability. Twelve sessions of acupuncture were endorsed despite the fact that earlier acupuncture had not proven particularly effectual. Therapeutic ultrasound was also endorsed on this date. The applicant was using Norco at a rate of four tablets daily. The applicant was also asked to continue usage of a TENS unit. The attending provider seemingly endorsed the applicant's application for disability benefits on this date. On March 1, 2015, it was stated that the applicant was receiving disability benefits and Workers' Compensation indemnity benefits. The applicant had last worked in August 2011, it was reported. The applicant was using a TENS unit, a heating pad, and a LidoPro cream. Therapeutic ultrasound was suggested on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound x 3, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine Page(s): 123; 98.

Decision rationale: No, the request for three administrations of therapeutic ultrasound in the clinic setting was not medically necessary, medically appropriate, or indicated here. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, the modality at issue, is "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider suggested on multiple progress notes of early 2015, referenced above, that the applicant was using several different passive modalities, to include a TENS therapy, in-clinic ultrasound therapy, heat therapy, and topical compounded agents. Usage of therapeutic ultrasound here, thus, ran counter to both pages 123 and page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.