

Case Number:	CM15-0117186		
Date Assigned:	06/25/2015	Date of Injury:	12/03/2014
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 62 year old male sustained an industrial injury to the head and right shoulder, neck and back when he was hit by a car on 12/3/14. Magnetic resonance imaging of the brain (12/19/14) was normal. Magnetic resonance imaging lumbar spine (1/9/15) showed moderate bilateral foraminal stenosis at L4-5 and L5-S1. Magnetic resonance imaging cervical spine (12/22/14) showed high grade spinal stenosis at C4-5 and high grade bilateral neural foraminal stenosis. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 5/14/15, the injured worker complained of pain to the shoulder and low back rated 9/10 on the visual analog scale. The injured worker reported having headaches and occasional panic attacks at night. The injured worker reported that the transcutaneous electrical nerve stimulator unit and Lidoderm patches were not helpful and that the medications helped a little bit. In a PR-2 dated 5/28/15, the injured worker complained of ongoing pain rated 9/10. Physical exam was remarkable for global weakness of bilateral upper and lower extremities with decreased sensation to light touch at the right C5-8 and L3-S1 distributions. The physician noted that the injured worker's exam was ambiguous due to generalized symptoms that might be due to psychological trauma in addition to physical trauma. The physician noted that further workup including neuropsychiatry should be done. Current diagnoses included cervical spine radiculitis, lumbar spine radiculitis, post traumatic stress disorder, headache and anxiety/stress related disorder. The treatment plan included electromyography of bilateral upper and lower extremities, continuing medications (Naproxen Sodium, Omeprazole and Neurontin), continuing transcutaneous electrical nerve stimulator unit more frequently, continuing medications for diabetes mellitus and high cholesterol, requesting a neuropsychiatry consultation, home exercises and ultrasound times three for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for the low back, quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic Page(s): 123.

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

Decision rationale: The requested Ultrasound for the low back, quantity: 3, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Ultrasound, therapeutic, note that therapeutic ultrasound is not recommended as a stand-alone therapeutic modality. The injured worker has shoulder and back pain. The treating physician has documented global weakness of bilateral upper and lower extremities with decreased sensation to light touch at the right C5-8 and L3-S1 distributions. The physician noted that the injured worker's exam was ambiguous due to generalized symptoms that might be due to psychological trauma in addition to physical trauma. The treating physician has not documented the medical necessity for this treatment as an outlier to referenced guideline negative recommendations, nor objective evidence of derived functional benefit from any previous use. The criteria noted above not having been met, Ultrasound for the low back, quantity: 3 is not medically necessary.