

<b>Case Number:</b>	CM15-0117190		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male who sustained an industrial injury on December 3, 2014. He has reported neck and back pain and has been diagnosed with cervical radiculitis, lumbosacral or thoracic neuritis or radiculitis unspecified, and headache. Treatment has included medications, TENS, home exercise program, modified work duty, and physical therapy. There was global weakness of the right upper extremity and right lower extremity. There was decreased sensation to light touch C5-8 and L3-S1 on the right. MRI of the lumbar spine revealed moderate bilateral foraminal stenosis L4-5 and L5-S1. MRI of the cervical spine revealed C4-5 high grade spinal stenosis and high grade bilateral neural foraminal stenosis left greater than right. The treatment request included an ultrasound x 3 for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound times 3 for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** Regarding the request for ultrasound, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as ultrasound. Within the documentation available for review, there is no clear rationale for the use of ultrasound despite the recommendations of the CA MTUS. In light of the above issues, the currently requested ultrasound is not medically necessary.