

Case Number:	CM15-0062782		
Date Assigned:	04/08/2015	Date of Injury:	07/07/2007
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 60 year old male patient who sustained a work related injury on July 7, 2007. Diagnoses included lumbar sprain/strain; lumbosacral or thoracic neuritis; knee pain; myofascial pain. According to a treating physician's checklist periodic report, dated March 3, 2015, he had complaints of low back pain at 5/10. The physical examination revealed tenderness to palpation of the lower back with decreased range of motion and normal gait. The medications list includes norco and topical analgesic cream. He has had toradol injection on 11/4/2014. He received an ultrasound treatment, massage of lumbar spine, and felt comfortable post treatment. The plan of care included continuation of TENS use and the home exercise program with continuation of medication as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with DOS of 3/3/2015 for an ultrasound treatment QTY: 1.00:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 9th Edition (web), Ultrasound, Therapeutic.

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

Decision rationale: Request: Retrospective request with DOS of 3/3/2015 for an ultrasound treatment QTY: 1.00. Per the cited guidelines therapeutic ultrasound is: "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." Therefore there is no high grade scientific evidence to support the therapeutic ultrasound for this diagnosis. In addition, response to prior conservative therapy including physical therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of retrospective request with DOS of 3/3/2015 for an ultrasound treatment QTY: 1.00 was not fully established for this patient. Therefore the request is not medically necessary.