

Case Number:	CM15-0066356		
Date Assigned:	04/14/2015	Date of Injury:	03/28/2008
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 3/28/2008. She reported falling off of a chair onto her buttocks and striking her right elbow. The injured worker was diagnosed as having meniscus tear of the knee, status post surgical, patellofemoral syndrome, cervical strain with radicular pain, and chronic lumbosacral strain. Treatment to date has included diagnostics, physical therapy, psychology, epidural steroid injection to the lumbar spine in 2011, left knee surgery in 8/2014, and medications. A progress report prior to 2/19/2015 was not submitted. The PR2, dated 2/23/2015, noted follow-up on neck and left shoulder pain. An Agreed Medical Examination, dated 3/04/2015, noted constant low back pain, moderate in severity. She also reported pain in the buttocks and numbness into the left lateral thigh. The medical records submitted did not discuss the retrospective ultrasound therapy (lumbar) on 2/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND THERAPY LUMBAR QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG back chapter and pg 91.

Decision rationale: According to the guidelines, ultrasound therapy is not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. In this case, the claimant has undergone more definitive interventions with proven benefit such as therapy, injections, medications and aquatic therapy. The request for ultrasound therapy for the lumbar spine is not medically necessary.