

Case Number:	CM15-0090731		
Date Assigned:	05/15/2015	Date of Injury:	09/29/1986
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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, Illinois

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 injured worker is a 53 year old female who sustained an industrial injury on 09/29/1986. Current diagnoses include low back pain, lumbar radiculopathy, and hip pain. Previous treatments included medication management, chiropractic, physical therapy, TENS unit, and hip injection. Previous diagnostic studies include a MRI of the lumbar spine, and right hip. Report dated 04/08/2015 noted that the injured worker presented with complaints that included back pain with radiation to the right leg, and lower backache. Pain level was 8 out of 10 on a visual analog scale (VAS) without medications. It was noted that the injured worker has used ultrasound machines in the past with excellent pain relief noted, and feels that she can decrease her pain medications with the help of this machine. Current medications include Ambien, Norco, Soma, Wellbutrin XL, Topamax, levothyroxine, omeprazole, and promethazine. Physical examination was positive for abnormal findings in the lumbar spine, groin, sacroiliac joint, and trochanter. The treatment plan included a request for Sustained Acoustic Medicine (SAM) ultrasound machine. Disputed treatments include a Sustained Acoustic Medicine (SAM) ultrasound machine for the low back and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAM Ultrasound machine for low back/right hip: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09/29/1986. The medical records provided indicate the diagnosis of low back pain, lumbar radiculopathy, and hip pain. Previous treatments included medication management, chiropractic, physical therapy, TENS unit, and hip injection. The medical records provided for review do not indicate a medical necessity for AM Ultrasound machine for low back/right hip. The medical records indicate the injured worker requested for the ultrasound for treatment purposes. The MTUS recommends against therapeutic ultrasound due to lack of benefit.