

Case Number:	CM15-0098609		
Date Assigned:	06/01/2015	Date of Injury:	11/04/2011
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 33 year old male with a November 4, 2011 date of injury. A progress note dated April 28, 2015 documents subjective findings (chronic lower back pain rated at a level of 5/10; greater than 20% improvement post therapy; greater than 50% improvement with medications, home exercise, and transcutaneous electrical nerve stimulator unit), objective findings (antalgic gait; decreased range of motion of the lumbar spine; tenderness to palpation of the lumbar spine; decreased sensation of the right lower extremity), and current diagnoses (lumbar sprain/strain; thoracic sprain/strain). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, ultrasound therapy, home medications, acupuncture, and chiropractic treatment. The treating physician documented a plan of care that included therapeutic ultrasound of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One therapeutic ultrasound of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Therapeutic ultrasound.

Decision rationale: Pursuant to the Official Disability Guidelines, one therapeutic ultrasound the lumbar spine is not medically necessary. Therapeutic ultrasound is not recommended based on the medical evidence, which shows there is no proven efficacy in the treatment of acute low back symptoms. Therapeutic ultrasound is one of the most widely and frequently used electro physical agents. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain, musculoskeletal and soft tissue lesions. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are a lumbar strain/sprain; and thoracic sprain/strain. The injured worker has been receiving ultrasound treatment to the lumbar spine. The injured worker has chronic low back pain, according to a progress note dated April 28, 2015. The documentation indicates a 20% improvement post ultrasound. There is no duration/ timeframe. With medications, the injured worker reports a greater than 50% improvement. There is no timeframe associated with a 50% improvement. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as ultrasound. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain, musculoskeletal and soft tissue lesions. Consequently, absent clinical documentation with a timeframe (associated with 20% and 50% improvement with guideline nonsupport for passive physical modalities, one therapeutic ultrasound the lumbar spine is not medically necessary.