

<b>Case Number:</b>	CM15-0099346		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

### 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 57 year old male, who sustained an industrial injury on January 19, 2008. The injured worker was diagnosed as having lumbar and bilateral knee sprain/strain, lumbosacral or thoracic neuritis or radiculopathy, status post internal fixation device of the knees and post-operative chronic pain. Treatment to date has included medication and surgery. A progress note dated January 14, 2015 the injured worker complains of back and bilateral knee pain. The back pain radiates down the legs with numbness, tingling and weakness. The pain is rated 8/10. He reports 50% decrease in pain due to use of Norco lasting up to 4 hours. Physical exam notes lumbar tenderness on palpation. The plan includes home exercise program (HEP), ultrasound therapy, Norco and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 4/9/15 Ultrasound treatment, Lumbar spine Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter: Ultrasound, therapeutic.

**Decision rationale:** According to the 04/09/2015 report, this patient presents with a 7-8/10 "continued low back pain causing change in walking. He reports Ultrasound therapy helpful with relaxation of low back pain." The current request is for Retro DOS 4/9/15 Ultrasound treatment, Lumbar spine Qty: 1.00. The request for authorization is on 04/09/2015. The patient's work status is not included in the file for review. The Utilization Review denial letter states "According to the claims administrator the accepted body parts for the present claim are the right knee and left ankle. Therefore, the request does not meet the threshold for medical necessity." Regarding therapeutic Ultrasound, ODG state "Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. However, therapeutic ultrasound has few adverse effects, is not invasive, and is moderately costly, so where deep heating is desirable, providers and payors might agree in advance on a limited trial of ultrasound for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care including exercise (but it is still not recommended by ODG)." In this case, ODG guideline do not support the use therapeutic Ultrasound for the lumbar spine. Therefore, this request IS NOT medically necessary.