

<b>Case Number:</b>	CM14-0153714		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old male who reported an injury while trying to break his fall from an attic by holding onto a beam on 08/10/2013. On 09/03/2014, his diagnoses included a disc bulge at C5-6 causing left lateral spinal stenosis per MRI versus left brachial plexopathy, C5 radiculopathy of the upper left extremity, status post arthroscopic repair of the left shoulder, and mild impingement of the right shoulder. His complaints included neck pain radiating into his left upper extremity rated 7/10, bilateral shoulder pain rated 4/10, and low back pain radiating into the lower extremities rated 8/10. His cervical spine range of motion was painful and decreased, especially on extension and left lateral flexion. There was no discussion of head trauma or head pain in the submitted data. The rationale in the treatment plan noted that the majority of this injured worker's upper extremity issues, including weakness and loss of grip strength, came from discogenic injury to the C5-6. When considering the mechanism of injury, it was likely that he incurred brachial plexus and neck injuries. The plan included a request for ultrasound of the left brachial plexus. There was no Request for Authorization form included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**us exam of head and neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

**Decision rationale:** The request for us exam of head and neck is not medically necessary. The California MTUS Guidelines do not recommend ultrasound. Therapeutic ultrasound is 1 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. The California ACOEM Guidelines note that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. There was no evidence in the submitted documentation that this worker had failed trials of conservative care. Additionally, there was no documentation of head involvement in his reported injuries. The clinical information submitted failed to meet the evidence based guidelines for this examination. Therefore, this request for us exam of head and neck is not medically necessary.