

<b>Case Number:</b>	CM14-0117967		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 38-year-old female with a 10/29/13 date of injury. At the time (6/5/14) of request for authorization for pelvis ultrasound, there is documentation of subjective (low back pain and uterine pain with heavy menses) and objective (illegible) findings, current diagnoses (back pain and stress possibly contributing to heavy menses), and treatment to date (medication). In addition, medical report identifies a request for pelvic ultrasound to rule out fibroids. There is no documentation of supportive objective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pelvis US:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis (updated 3/25/14 Ultrasound Sonography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Ultrasound (Sonography) Other Medical Treatment Guideline or Medical Evidence: (<http://www.acr.org/~media/a79db56d3b054a04bee05e8250a67a5a.pdf>).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that ultrasound has no proven efficacy in treating acute low back symptoms and insufficient scientific testing exists to determine the effectiveness of ultrasound (therapeutic). ODG identifies documentation of scar tissue, adhesions, collagen fiber and muscle spasm, or the need to extend muscle tissue or accelerate the soft tissue healing, as criteria necessary to support the medical necessity of diagnostic ultrasound for hip/pelvis. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a pelvic ultrasound is indicated (such as: Evaluation of pelvic pain; Evaluation of pelvic masses; Evaluation of endocrine abnormalities, including polycystic ovaries; Evaluation of dysmenorrhea (painful menses); Evaluation of amenorrhea; Evaluation of abnormal vaginal bleeding; Evaluation of delayed menses; Follow-up of a previously detected abnormality; Evaluation, monitoring, and/or treatment of infertility patients; Evaluation when there is limited clinical examination of the pelvis; Evaluation for signs or symptoms of pelvic infection; Further characterization of a pelvic abnormality noted on another imaging study; Evaluation of congenital uterine and lower genital tract anomalies; Evaluation of excessive bleeding, pain, or signs of infection after pelvic surgery, delivery, or abortion; Localization of an intrauterine contraceptive device; Screening for malignancy in high-risk patients; Evaluation of incontinence or pelvic organ prolapse; Guidance for interventional or surgical procedures; and/or Preoperative and postoperative evaluation of pelvic structures), as criteria necessary to support the medical necessity of pelvic ultrasound. Within the medical information available for review, there is documentation of diagnoses of back pain and stress possibly contributing to heavy menses. In addition, given documentation of subjective findings (low back pain and uterine pain with heavy menses) and a request for pelvic ultrasound to rule out fibroids, there is documentation of a condition/diagnosis (with supportive subjective findings) for which a pelvic ultrasound is indicated (Evaluation of pelvic pain and Evaluation of Evaluation of dysmenorrhea (painful menses)). However, there is no documentation of supportive objective findings. Therefore, based on guidelines and a review of the evidence, the request for pelvis US is not medically necessary.