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| Case Number: | CM15-0164661 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 03/04/2015 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 42 year old male, who sustained an industrial injury, March 4, 2015. According to progress note of June 25, 2015, the injured worker's chief complaint was moderate to severe neck pain with radiation to the back and intermittent moderate low back pain. The physical exam of the cervical spine noted increased tone with associated tenderness about the paracervical and trapezial muscles. There was some guarding with the exam. The examination of the lumbar spine noted tenderness at the midline thoracolumbar junction and over the level of L5-SD1 facets and the right greater sciatic notch. There was muscle spasms noted. The Patrick Faber's test and Sciatic tenderness test were positive. The injured worker was diagnosed with cervical spine strain and history of fusion of the C2-C6, thoracic spine strain with T6 endplate fracture and lumbosacral strain and or contusion. The injured worker previously received the following treatments physical therapy, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities no evidence of radiculopathy at the C5-T1 levels, but did show carpal tunnel syndrome. The RFA (request for authorization) dated the following treatments were requested a diagnostic ultrasound of the bilateral S1 joints. The UR (utilization review board) denied certification on August 6, 2015, of the diagnostic ultrasound of the bilateral S1 joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of bilateral SI joints: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvic imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the pelvis. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case, the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore, criteria for pelvic imaging has not been met per the ODG and the request are not medically necessary.