Case Number:	CM15-0015668		
Date Assigned:	02/03/2015	**Date of Injury:**	07/03/2012
Decision Date:	03/26/2015	**UR Denial Date:**	01/15/2015
Priority:	Standard	**Application Received:**	01/27/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old female sustained an industrial injury on 7/3/12, with subsequent ongoing low back pain. Treatment included lumbar fusion, medications and sacroiliac joint injections. In a PR-2 dated 12/3/14, the injured worker reported that the last sacroiliac joint injection (10/15/14) reduced her pain by 30%. Physical exam was remarkable for tenderness to palpation to the right sacroiliac joint. Pelvic compression test reproduced pain at the sacroiliac joint. Motor and sensory exam were normal throughout. Roentgenogram disclosed a L3 through L5 fusion. The injured worker underwent ultrasound of the sacroiliac joint with injection on 12/3/14. On 1/15/15, Utilization Review noncertified a request for right sacroiliac ultrasound, noting that documentation failed to disclose the number of previous injections the injured worker had undergone and citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacrolliac ultrasound: 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) Sonography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ultrasound, therapeutic http://www.odg-twc.com/index.html

Decision rationale: According to ODG guidelines, Ultrasound, therapeutic "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). Therapeutic ultrasound is one 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. (van Tulder, 1997) (Philadelphia Panel, 2001) (Robertson, 2001) In a small study, extension and lateral flexion range of motion significantly increased in the ultrasound (US) group, compared to sham-US. (Ansari, 2006) The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) In this RCT ultrasound therapy was not efficacious in relieving chronic low back pain. (Licciardone, 2013)." There is no documentation of the outcome of previous sacroiliac injections. There is no controlled studies supporting the efficacy of sacroiliac injection of sacroiliac pain. Therefore, the request is not medically necessary.