

Case Number:	CM15-0175661		
Date Assigned:	10/07/2015	Date of Injury:	05/06/2009
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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 male of unknown age, who sustained an industrial injury on 5-6-2009. The medical records indicate that the injured worker is undergoing treatment for persistent pain in the region of the right sacroiliac joint. According to the progress report dated 7-7-2015, the injured worker presented with complaints of exquisite pain in his right sacroiliac joint. On a visual analogue scale, he rated his pain 13 with medications and 79 without. The physical examination revealed pain immediately to the right sacroiliac joint upon pelvic compression. The current medications are Voltaren and Norco. Previous diagnostic studies were not specified. Treatments to date include medication management and acupuncture. Work status is not indicated. The original utilization review (9-3-2015) had non-certified a request for ultrasonic exam and injection of the right sacroiliac joint (DOS: 7-7-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasonic exam of right sacroiliac joint DOS 7/7/15: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Ultrasound Therapeutic, Low Back Chapter, under Ultrasound Diagnostic.

Decision rationale: Based on the 7/7/15 progress report provided by the treating physician, this patient presents with persistent right SI joint pain. The treater has asked for ultrasonic exam of right sacroiliac joint DOS 7/7/15 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. Per 7/7/15 report, pelvic compression does refer some pain immediately to the right sacroiliac joint area. The patient has a VAS score of 79 without medication, and 13 with medication per 7/7/15 report. The patient has worsening lumbar pain with radiating pain into his legs per 1/7/15 report. The patient is s/p epidural steroid injections with greater than 50% reduction in pain for a couple of months per 1/7/15 report. The patient continues with L5-S1 disc herniation documented from prior MRI studies. The patient's work status is not included in the provided documentation. ODG-TWC, Low Back Chapter, under Ultrasound Therapeutic states: Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. ODG-TWC, Low Back Chapter, under Ultrasound Diagnostic states, "Not recommended for the diagnosis of low back conditions. In uncomplicated low back pain, its use would be experimental at best. No published peer reviewed literature supports the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms." The patient presents with back pain and radicular lower extremity pain. The reason for the request is not provided. The 7/7/15 report states that for diagnostic and hopefully therapeutic purposes, ultrasonic examination and injection of the right sacroiliac joint was performed. There is a lack of support from guidelines for either therapeutic or diagnostic use of Ultrasound for L-spine. Additionally, the concurrently requested sacroiliac joint injection is not indicated and renders the current request for an ultrasonic exam unnecessary. Therefore, the request IS NOT medically necessary.

Ultrasonic injection of right sacroiliac joint DOS 7/7/15: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: Based on the 7/7/15 progress report provided by the treating physician, this patient presents with persistent right SI joint pain. The treater has asked for ultrasonic injection of right sacroiliac joint DOS 7/7/15 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. Per 7/7/15 report, pelvic compression does refer some pain immediately to the right sacroiliac joint area. The patient has a VAS score of 79 without medication, and 13 with medication per 7/7/15

report. The patient has worsening lumbar pain with radiating pain into his legs per 1/7/15 report. The patient is s/p epidural steroid injections with greater than 50% reduction in pain for a couple of months per 1/7/15 report. The patient continues with L5-S1 disc herniation documented from prior MRI studies. The patient's work status is not included in the provided documentation. ODG-TWC, Low Back Chapter under SI joint injections Section, not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Review of the reports does not show any evidence of sacroiliac joint injections prior to the injection administered on 7/7/15. The request is retrospective, as the 7/7/15 report states that for diagnostic and hopefully therapeutic purposes, ultrasonic examination and injection of the right sacroiliac joint was performed. The patient continues with pain in the low back radicular lower extremity pain. However, review of reports do not show evidence of inflammatory SI joint problems as documented by radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for a right SI Joint Injection. Therefore, the request IS NOT medically necessary.