

Case Number:	CM13-0007689		
Date Assigned:	03/03/2014	Date of Injury:	08/24/1998
Decision Date:	06/02/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/07/2013

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, has a subspecialty in Pain Management 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:

The patient is a 57-year-old female with a date of injury of 08/24/1998. The listed diagnoses per [REDACTED] are: 1. Sacroiliitis. 2. Post-laminectomy syndrome of lumbar region. 3. Lumbar disk degeneration. 4. Lumbar spinal stenosis. According to report dated 07/15/2013 by [REDACTED], the patient presents with chronic low back pain that radiates to the bilateral hips, with burning sensation in the left thigh and toes. The treating provider rates pain 8.5/10. The treating provider states due to findings on physical examination and previous 80% pain relief from the last left sacroiliac joint injection performed on 02/19/2013, recommendation is for a repeat injection to address the inflammation and allow Final Determination Letter for [REDACTED] increase in functional activities. The treating provider also recommends the patient engage in physical therapy to strengthen her core musculature and decrease inflammation. Physical examination reveals tenderness to palpation of the sacroiliac joints bilaterally, left greater than right. Patrick's test and compression test, both positive bilaterally. Utilization review is dated 07/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIACE JOINT INJECTIONS WITH FLUOROSCOPY AND CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting a left sacroiliac joint injection with fluoroscopy and conscious sedation. The MTUS and ACOEM do not discuss sacroiliac (SI) joint injection. However, ODG guidelines states that SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG guidelines states, "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings..." [REDACTED] reported on January 23, 2013 that patient had three confirmatory tests indicating SI joint mediated pain. The patient underwent a SI joint injection on February 19, 2013 with 80% pain relief. [REDACTED] on 07/15/2013 requested a repeat injection. On examination he provided two positive examinations of Patrick's and Compression test. ODG requires at least three positive exam findings for consideration of sacroiliac joint injection. Furthermore, the treating provider does not indicate whether or not there has been functional improvement with medication reduction. Recommendation is for denial.

PHYSICAL THERAPY SESSIONS, #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting 12 physical therapy sessions to strengthen core musculature and decrease inflammation. The medical file provided for review includes progress reports from 01/23/2013 to 07/15/2013. None of these reports include any discussion on prior physical therapy. Given the patient's chronicity of injury the patient may have had some therapy in the past. Considering that the patient has not had any document physical therapy in the recent past, a short course of therapy may be reasonable. But the treating provider's request for 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.