

<b>Case Number:</b>	CM13-0007716		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; at least one prior caudal epidural steroid injection, per the claims administrator; one prior sacroiliac joint block on April 11, 2013; a TENS unit; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 30, 2013, the claims administrator denied a request for multilevel sacral block/sacroiliac blocks, physical therapy, and aquatic therapy. The applicant's case and care were reportedly complicated by comorbid hypertension and diabetes, it was acknowledged. In a procedure note dated July 24, 2013, the applicant underwent sacroiliac injection blocks at S1, S2, and S3. On July 24, 2013, the applicant presented with 7-8/10 low back pain. The applicant was diabetic, it was acknowledged. An earlier epidural steroid injection of April 2013 was unsuccessful, it was acknowledged. The applicant was status post earlier lumbar laminectomy and fusion surgery, it was acknowledged. The attending provider suggested pursuit of sacroiliac joint blocks. A sacrolateral block was apparently performed on July 24, 2013. The applicant's gait was not described on the July 24, 2013 office visit in question, although the applicant did present with back and leg pain. In a June 14, 2013 progress note, the applicant presented with 8/10 low back pain. The applicant was using Tenormin, gabapentin, Neurontin, metformin, Zoloft, and triamterene-hydrochlorothiazide, it was acknowledged. The applicant was depressed, it was acknowledged. The applicant was a former welder. 5/5 lower extremity strength was noted. Limited lumbar range of motion was noted. Multiple myofascial tenderness points were noted. The applicant was asked to pursue CT myelography of the lumbar spine. The applicant was

described as exhibiting an antalgic gait. The applicant was able to walk on his heels but was reportedly unable to walk on his toes, secondary to pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Sacral S1, 2, and 3 Lateral Branch Block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** 1. No, the proposed sacral S1, S2, and S3 lateral branch blocks are/were not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of sacroiliac joint blocks. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joint injections or sacral blocks are indicated only in those applicants who have some rheumatologically-proven arthropathy implicating the sacroiliac joints, as, for instance, an HLA-positive B27 spondyloarthropathy. In this case, however, the applicant seemingly has nonspecific low back pain with some radicular elements. The applicant is status post earlier lumbar laminectomy. The applicant does not have a history of any rheumatologic disease processes generating any kind of inflammatory arthropathy involving the sacroiliac joints. Therefore, the proposed sacral S1, S2, and S2 lateral branch blocks are/were not medically necessary.

#### **Physical Therapy, 2 times a week for 3 weeks, for the low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic MTUS 9792.20f Page(s): 98-99.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the primary operating diagnosis here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones of the treatment program so as to justify continued treatment. In this case, however, the applicant is apparently permanent and stationary with permanent limitations in place. The applicant does not appear to be working. The applicant remains highly reliant and highly dependent on opioid agents such as Norco and various sundry interventional spine procedures. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite pursuit of earlier unspecified amounts of physical therapy over the course of the claim. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-

directed home physical medicine during the chronic pain phase of the injury as opposed to the lengthy formal course of physical therapy proposed by the attending provider. The six-session course of physical therapy proposed, then, runs counter to MTUS parameters and principles. Accordingly, the request is not medically necessary.

**Pool Therapy 2 times a week for 3 weeks, to the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, despite having ongoing complaints of chronic low back pain, there is no evidence that reduced weightbearing is desirable here. There is no evidence that the applicant needs to use a cane to move about. No rationale for selection and/or pursuit of aquatic therapy in lieu of conventional land-based exercises was proffered by the attending provider. Therefore, the request is not medically necessary.