

Case Number:	CM13-0010411		
Date Assigned:	12/11/2013	Date of Injury:	11/07/2012
Decision Date:	02/07/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 November 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar medial branch block, attorney representation; transfer of care to and from various providers in various specialties; topical agents; unspecified amounts of physical therapy; muscle relaxants; lumbar MRI of January 11, 2013, notable for low-grade disk bulges of L4-L5 and L5-S1 of uncertain clinical significance; and extensive periods of time off of work. An earlier progress note of July 10, 2013 is notable for comments that the applicant is off of work, on total temporary disability. In a Utilization Review Report of July 15, 2013, the claims administrator apparently denied a request for an ischial injection, citing the MTUS Chronic Pain Medical Treatment Guidelines on trigger point injections. Ten sessions of physical therapy were also sought and were likewise denied, citing non-MTUS ODG guidelines. In a letter dated August 9, 2013, the applicant's attorney apparently appealed. The applicant's attorney states that the applicant never obtained a previous SI injection. It is further stated that the applicant did not receive two additional rehabilitation sessions which were reportedly to have taken place following prior medial branch blocks performed on July 29, 2013. A later note of September 12, 2013 is notable for comments that the applicant reports persistent 3-7/10 low back pain. She has tried chiropractic manipulative therapy, medications, physical therapy, and a TENS unit. She is off of work. She is described as having tenderness about multiple facet joints and paraspinal muscles with a normal gait. Topical compounds are endorsed. The applicant is asked to pursue additional physical therapy, obtain lumbar radiofrequency ablation procedures, Flexeril, and an

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ischial Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines;Low Back

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

Decision rationale: No, the proposed left ischial injection is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The proposed ischial injections represent a form of sacroiliac joint (SI) joint injections. As noted in the Third Edition ACOEM Guidelines, however, SI joint injections are recommended as a treatment option only in those applicants with a specific known cause of sacroiliitis, such as proven rheumatoid inflammatory arthropathy involving the SI joints. In this case, however, the applicant does not have any kind of proven spondyloarthropathy pertaining to the sacroiliac joints. It is further noted that the applicant has received other injection procedures, including facet medial branch blocks and is now considering radiofrequency ablation procedures. All of the above, taken together, imply a lack of diagnostic clarity. Pursuing ischial/sacroiliac joint injections alongside facet joint blocks/radiofrequency ablation procedures is not indicated. Therefore, the request is not certified. ACOEM, Third Edition, Low Back, Treatments, Injection Therapies, Sacroiliac Joint Injections: Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence-Recommended, Evidence (C).

Ten Physical Therapy Sessions for Low Back/Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines;Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): section 8.

Decision rationale: The request for 10 additional sessions of physical therapy for the lumbar spine are not medically necessary, medically appropriate, or indicated here. The applicant has had prior unspecified amounts of physical therapy over the life of the claim. Ten sessions of treatment would represent treatment at the upper end of the 9- to 10-session course recommended on Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, seemingly present here. However, as noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be some demonstration of functional improvement at various milestones in a treatment program so as to justify continued treatment. In this case, however, there is no clear evidence of functional improvement despite completion of prior physical therapy. The claimant's failure to return to any form of work, dependence on various injection procedures, continued dependence on various medications, etc., taken together, imply a lack of functional improvement as defined in section 9792.20f. Continuing physical therapy at the rate, frequency, and overall amount proposed by

the attending provider in the face of the applicant's failure to demonstrate functional improvement is not indicated. Therefore, the request is not certified, on Independent Medical Review. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment.