

<b>Case Number:</b>	CM13-0012742		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Neuromuscular 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 patient is a 47-year-old male who reported an injury on 9/29/09. The patient was diagnosed with right sacroiliitis, status post lumbar fusion. There is a request for the medical necessity of an epidural steroid injection at the right L5-S1, eight physical therapy visits, and a right sacroiliac joint injection. An MRI dated 10/12/2009 revealed marked stenosis at L5-S1 at the left subarticular recess and compromise of the left S1 nerve root due to focal left disc protrusion. Treatments to date include prior epidural steroid injections (4/2/12 & 6/25/12) and physical therapy. The patient previously underwent laminectomy on 4/31/2012 and L5-S1 decompression and fusion on 11/15/2012. The patient then participated in post-operative physical therapy. The patient has completed 57 cumulative visits as of 7/19/13. Per documentation a 6/10/2013 visit note, revealed that an x-ray of the lumbar spine showed that the hardware was in good position. A 1/20/14 PR-2 orthopedic office visit reveals that the patient has some pain over the screw heads now that he is back at work. The physical exam revealed a negative Fabere test and a negative straight leg raise bilaterally. There was full 5/5 strength and sensation in the lower extremities. The lumbar spine range of motion was decreased. There was moderate tenderness over the screw heads. Deep tendon reflexes were normal. As per 7/8/2013 visit note, the patient complained of low back pain, mostly on the right side. Examination showed ROM at 35 degrees on flexion, 5 degrees on extension, 10 degrees on bilateral side bending, and 5 degrees on bilateral rotation. Straight leg raise was negative bilaterally. There were positive Faber, Shear and compression tests on the right sacroiliac joint. Motor, sensory and DTR evaluations were unremarkable. Provocative Testing revealed a straight Leg Raise: Negative bilaterally. There was a positive FABER Test, Shear test and compression test on the right S1 joint. There was

decreased lumbar range of motion. There is no paraspinal musculature tenderness to palpation. There is no tenderness to palpation of the spinous processes,

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

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

#### **PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The request for physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary per the MTUS postsurgical guidelines. The guidelines recommend up to 34 postsurgical PT visits for the patient's condition. An additional 8 visits would exceed guidelines. There are no extenuating circumstances documented that would require more therapy. The patient should be well versed in a home exercise program. The request for physical therapy 2 times a week for 4 weeks is not medically necessary.

#### **RIGHT SACROILIAC STEROID INJECTION: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, ONLINE VERSION.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP & PELVIS KNEE-SACROILIAC JOINT BLOCK

**Decision rationale:** A right sacroiliac steroid injection is medically necessary per the ODG guidelines. The MTUS is silent on this issue. The ODG states that there should be at least 3 positive exam findings on physical exam which indeed is present in the documentation submitted. The patient has had extensive physical therapy for at least 4-6 weeks. The documentation submitted reveals that this procedure would be under fluoroscopy. A right sacroiliac injection is medically reasonable and necessary. Elsewhere in this review a lumbar epidural steroid injection right L5-S1 is denied, therefore the sacroiliac injection and lumbar epidural steroid injection will not be performed on the same day.

#### **LUMBAR EPIDURAL STEROID INJECTION RIGHT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION (TWC), ONLINE EDITION, CHAPTER: HIP & PELVIS (ACUTE & CHRONIC).

**Decision rationale:** A lumbar epidural steroid injection right L5-S1 is not medically necessary. The physical exam findings documented do not reveal L5-S1 radicular symptomatology. The patient has had 2 prior epidural steroid injections and there is no clear documentation of the response to these injections. The request for a lumbar epidural steroid injection at L5-S1 is not medically necessary.