

Case Number:	CM13-0013840		
Date Assigned:	11/22/2013	Date of Injury:	04/16/2010
Decision Date:	01/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 patient is a 50 year of female who reported a fall on 04/17/2010. The patient stated she fell backwards at work and landed on her left his and back. The patient has a history of obesity, degenerative disks in her low back. The patient was diagnosed with let sacroiliac joint dysfunction, chronic lumbar sprain, and lumbar disk disease. The patient has had a nerve block and PMD and participated in physical therapy. The patient complains of left-sided low back pain accompanied with numbness and tingling to left leg with intermittent but frequent pain. The patient had a positive left sacroiliac joint compression test; positive left Gaenslen's and Gillet test and is tender upon palpation to the left sacroiliac joint area. The patient continues treatment for low back with pain with pain medication, TENS unit, NSAIDS and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic physical therapy, two times per week over six weeks and left sacroiliac joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter

Decision rationale: As stated in the CA MTUS, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As noted in the documentation provided, the initial physical therapy was not beneficial for the patient and there is not sufficient documentation to support recommending outpatient aquatic therapy two times a week over six weeks. Official Disability Guidelines recommended sacroiliac injections as an option if failed at least 4-6 weeks of aggressive conservative therapy. The documentation submitted does not provide sufficient evidence that the current treatment is not working. And therefore, the request for outpatient aquatic physical therapy, two times per week over six weeks and the sacroiliac joint injection are non-certified.