

Case Number:	CM13-0026469		
Date Assigned:	08/13/2014	Date of Injury:	07/11/2013
Decision Date:	10/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family 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 injured worker is a 44 year old female who sustained an injury to her low back on 07/11/13 while lifting a heavy garbage bag into a tall trash canister, she felt sudden onset of mid to low back pain on the right and later some pain in the left groin. The injured worker began a regimen of physical therapy on 07/15/13 consisting of six visits. Other treatment included Ibuprofen and chiropractic manipulation. Clinical note dated 08/28/13 reported that the injured worker completed her fifth physical therapy visit. She continued to complain of low back pain 6-7/10 VAS. Physical examination noted moderate tenderness to palpation to the bilateral sacroiliac joints; range of motion flexion 70 degrees, extension 20 degrees with pain; positive Faber's sign; 5/5 motor strength in bilateral lower extremities; sensation intact; lower extremities reflexes 2+ bilaterally. The injured worker was assessed to have bilateral sacroiliac joint pain/dysfunction and recommended injection and trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions over 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture visits over three weeks is not medically necessary. Previous request was denied on the basis that it does not appear that the injured worker has completed a course of acupuncture. Considering that she continued with pain, it may be reasonable to allow her an abbreviated course of acupuncture in an attempt to abate her symptoms. Therefore, the request was modified for a trial of four visits. Pending response of the trial and clinical documentation of functional improvement, further recommendations may be forthcoming. There was no additional significant information provided that would indicate the injured worker's response to previously certified acupuncture treatment. Given this, the request for 6 acupuncture visits over three weeks is not medically necessary.

Bilateral SI Joint Injections 3 over the next 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 345.

Decision rationale: The request for bilateral sacroiliac joint injections times three over the next 12 months is not medically necessary. The basis for previous denial was not provided for review. Physical examination did not indicate special testing procedures provocative for sacroiliac joint dysfunction had been performed. The CAMTUS states within the treatment or therapeutic phase, the interventional procedure should be repeated only as necessary judging by the medical necessity criteria and. There was no information provided that would indicate the response to any previous sacroiliac joint injections. Given this, the request for bilateral sacroiliac joint injections times three over the next 12 months is not indicated as medically necessary.