

Case Number:	CM13-0057878		
Date Assigned:	12/30/2013	Date of Injury:	10/12/2009
Decision Date:	05/15/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 34 year-old female who reported an injury on 10/12/2009; the mechanism of injury was not provided within the medical records. The worker had diagnoses including lumbago, SI joint dysfunction, cervicgia, facet arthropathy, and myofascial pain syndrome/fibromyalgia. The injured worker continued to have chronic pain in her lumbar spine, neck and shoulders. The injured worker reported the last injections to her low back and SI joint were not helpful; she actually felt worse. The injured worker reported her pain level was 7/10 with medication. The clinical note dated 09/23/2013 noted the injured worker had pain to her low back, sciatica (bilateral), neck pain, and bilateral shoulder pain. Upon palpation the injured worker had tenderness to the levator scapula, tightness to the trapezii, tenderness to the trapezii, tenderness to the facet joints, and tenderness and tightness to the left paracervical muscles. Cervical range of motion was noted to be markedly reduced in extension with pain. Muscle strength to the upper and lower extremities was noted as stable. Palpation of the lumbar spine revealed tenderness over the lateral lumbar areas and midline as well as muscle tightness. The injured worker had tenderness to palpation of the sacroiliac joint the left and right trochanteric bursa. The thoracic/lumbar muscles were tender to the left and right paralumbar area. Lumbar range of motion was noted to be painful with extension and flexion. The physician noted the injured worker had pain in the neck with facet arthropathy and myofascial pain issues. The injured worker previously underwent physical therapy and a bilateral SI joint injection.. The current request was submitted on 09/23/2013 for outpatient cervical x-ray, radiofrequency ablation of bilateral sacroiliac (SI) joints, and physical therapy to the cervical, thoracic and lumbar spine, three (3) times per week over (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,181-183.

Decision rationale: ACOEM states for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Radiography is recommended as an initial study in the present of red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection. Routine use in first 4 to 6 weeks is not recommended if red flags are absent. It was noted the injured worker had a history of cervical pain. The documentation failed to indicate what conservative treatment the injured worker has undergone and whether the injured worker still has physical deficits and dysfunction which would indicate the need for radiography. The requesting physician's rationale for the request was unclear. Therefore, the request for outpatient cervical x-ray is not medically necessary.

RADIOFREQUENCY ABLATION OF BILATERAL SACROILLAC (SI) JOINTS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines note radiofrequency ablation for the sacroiliac joint is not recommended. Use of all of the different techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. The guidelines note larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. It was noted the injured worker previously had a sacroiliac joint injection which was not effective. Additionally, the guidelines note radiofrequency ablation for the sacroiliac joint is not recommended. Therefore, the request for radiofrequency ablation of bilateral sacroiliac (SI) joints are not medically necessary.

PHYSICAL THERAPY TO THE CERVICAL, THORACIC AND LUMBAR SPINE, THREE (3) TIMES PER WEEK OVER FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less). The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The guidelines also indicate injured workers should be instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated in the documentation that the patient has had physical therapy; however, the number of prior sessions was unclear within the documentation. It was unclear as to the why an active, independent home exercise program would not be sufficient for the injured worker. As the patient was noted to have previously had physical therapy, details are needed including the number of visits completed and documentation indicating measurable objective functional gains made with the treatment prior to continuing therapy. Additionally, the request for 12 sessions would exceed the guideline recommendations. The injured worker would benefit from a home exercise program. Therefore, the current request for physical therapy to the cervical, thoracic and lumbar spine, three (3) times per week over four (4) weeks is not medically necessary.