

<b>Case Number:</b>	CM13-0060472		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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:

This 47 year-old female sustained an injury on 12/17/08. Requests under consideration include 1 Left Sacroiliac Joint Injection under Fluoroscopy and 12 Physical Therapy visits for the Neck and Lower Back. Report of 11/12/13 from the provider noted patient with complaints of ongoing chronic neck pain radiating into bilateral trapezii and scapula with constant low back pain radiating into lateral thighs, calves and left ankle without numbness. Pain of the neck rated as 10/10 and low back at 9/10. Medications include multiple opioids and NSAID which had been helpful. Exam showed overweight and slightly anxious; tenderness of the cervical, upper and lower lumbar spine with limited range of motion; negative SLR and Spurlings; positive Patrick's on left; slightly antalgic; DTRs decreased with absent Achilles; and intact sensation. Diagnoses include lumbar strain; degenerative disc disease; left sacroiliac joint arthropathy; and myofascial pain in neck/upper back; possible cervical facet arthropathy; reactive depression; and insomnia. Conservative care has included physical therapy, chiropractic care, acupuncture treatments which were helpful for the neck and back spasms as well as narcotics and TENS unit; 3 left sacroiliac joint injections from 2010 to July 2012. Electrodiagnostic studies of the lower extremities showed no evidence of lumbar radiculopathy. Requests for repeating left SI joint injection and 12 PT visits were non-certified on 11/23/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS (ACUTE AND CHRONIC), SACROILIAC BLOCKS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS OFFICIAL DISABILITY GUIDELINES (ODG), HIP CHAPTER, SI JOINT, PAGES 263-264

**Decision rationale:** Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous SI injections have not been documented to have provided any functional improvement for this 2008 injury. The 1 Left Sacroiliac Joint Injection under Fluoroscopy is not medically necessary and appropriate.

**12 PHYSICAL THERAPY VISITS FOR THE NECK AND LOWER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES, PAGE NECK AND UPPER BACK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** Based on the submitted reports, it appears that they have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The 12 Physical Therapy visits for the Neck and Lower Back is not medically necessary and appropriate.