

Case Number:	CM14-0003127		
Date Assigned:	01/31/2014	Date of Injury:	11/07/2012
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

Patient is a 51 year-old female with date of injury 11/07/2012. A primary treating physician's progress report, dated 11/15/2013, lists subjective complaints as severe pain in her neck, low back, pelvic area, coccyx, if she am, and SI joint. She has numbness and tingling in her right arm. In her lumbar area she describes her pain as sharp, burning, dull, throbbing, pins and needles, stinging. She states that she has numbness, weakness, and spasm. Interval changes were listed as severe continuing low back pain, and approximately 80% relief from a previous L4 and L5 bilateral root block. Patient underwent an MRI of the lumbar spine which revealed a 2-3mm right paracentral disc bulge at L4-5 and a 2mm central disc bulge at L5-S1. X-rays taken on 01/14/2013 revealed slight degenerative changes of the left S1 joint. Objective findings: Examination of the lumbar spine revealed spasm and tenderness at L4-5 with increasing pain with extension and flexion. Gait was normal. Strength, sensory, and reflexes were normal. Diagnoses: Facet arthropathy, lumbar L4-5; lumbosacral spondylosis without myelopathy. The medical records provided for review document that the patient has already undergone six weeks of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC (SI) INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pelvic Chapter, Criteria for the Use of Sacroiliac Blocks.

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 (Acute & Chronic), Sacroiliac Joint Blocks.

Decision rationale: The Official Disability Guidelines state that they are is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. There is no documentation that the patient has been engaged and a comprehensive exercise program, the most important element of a conservative approach prior to authorization for an SI joint injection. Sacroiliac (SI), Injection is not medically necessary.

PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS - LUMBAR: 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 9792.20-9792.26, Page(s): 58.

Decision rationale: Therapeutic physical therapy for the low back is recommended as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. Physical Therapy 3 Times a Week for 6 Weeks - Lumbar is not medically necessary.