Case Number:	CM14-0010538		
Date Assigned:	02/21/2014	**Date of Injury:**	10/04/2013
Decision Date:	06/25/2014	**UR Denial Date:**	01/09/2014
Priority:	Standard	**Application Received:**	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 40-year-old female who has submitted a claim for lumbar and sacroiliac region sprain/strain associated with an industrial injury date of October 4, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated January 3, 2014 revealed that the patient complains of intermittent low back and right hip pain, which she rates to be around 4-6/10. She feels better since last visit. The low back pain is less frequent. The pain is worse with prolonged standing or bending and is partially relieved with medication and rest. There is no change in the associated numbness and tingling sensation that radiated to the right lateral calf. On examination of the right hip, there is tenderness and positive straight leg raise with pain in the lateral calf. There is positive Faber, pelvic distraction and Gaelen's tests. On examination of the left hip, there is positive straight leg raise with hamstring tightness. Electromyography (EMG)/Nerve Conduction Velocity (NCV) in the right lower extremity done last December 9, 2013 revealed normal conduction at the right peroneal and right tibial nerves; normal latency of the right side tibial nerve H-reflex latencies. Treatment to date has included physical therapy, aqua therapy, home exercise program, and medications which include Robaxin, Norco, Motrin, and Ultram. Utilization review from January 8, 2014 denied the request for additional aqua therapy 2 times weekly for 3 weeks because there is no evidence indicating that patient has issues with weight bearing or is extremely overweight; there is no evidence to show land based therapy is not suitable. The request for right sacroiliac injection was likewise denied because there is lack of specificity of SI joint blocks for the diagnosis and treatment, no documentation of failure of at least 4-6 weeks of aggressive conservative therapy and sacroiliac dysfunction has not been clearly defined.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUA THERAPY 2 TIMES WEEKLY FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic physical therapy is recommended as an alternative to land based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fracture of the lower extremity. In this case, aquatic therapy was requested for the low back and right hip pain. The patient had previous land based physical therapy with the most recent treatment received last November 27, 2013; however, pain relief and functional improvement are unknown due to lack of documentation. In the most recent clinical evaluation, there are subjective and objective findings that warrant further treatment, but there is no evidence that a reduced weight bearing environment is needed. Also, there was no documentation of musculoskeletal impairment that support the need for additional supervised rehabilitation. Therefore, the request for additional aqua therapy 2 times weekly for 3 weeks is not medically necessary.

RIGHT SACROILIAC 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), Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Interventions

Decision rationale: As stated on page 309 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, sacroiliac joint injections are of questionable merit. In addition, the Official Disability Guidelines criteria for sacroiliac joint (SI) joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the right sacroiliac injection was requested for the persistent right hip pain. In the most recent clinical evaluation, there is tenderness and positive straight leg raise with pain in the lateral calf. There is positive FABER, pelvic distraction and Gaelen's tests. There are subjective or objective findings that warrant the need for injection. However, the diagnosis of sacroiliac joint dysfunction has not been met. Also, there is no documentation of failure of at least 4-6 weeks of aggressive conservative therapy to first address any other possible pain generators. Therefore, the request for right sacroiliac injection is not medically necessary.