

Case Number:	CM14-0017372		
Date Assigned:	04/14/2014	Date of Injury:	09/22/2012
Decision Date:	12/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 61-year-old female who reported an injury 20 years ago. The mechanism of injury was a fall. Diagnosis included back pain with sciatica. Previous treatments included medication and epidural steroid injections. In the emergency room department documentation dated 09/05/2014, it was reported the patient complained of sciatica pain and complained of pain in her lower left back, which radiated into her left posterior hip and down the lateral left thigh, crossing over to the anterior thigh above the left knee. Upon the physical examination, the provider noted the injured worker to have a regular heart rate and rhythm, and a soft nontender abdomen; no clubbing or cyanosis or edema of the extremities; extremities move well. The request was submitted for bilateral sacroiliac joint injections, physical therapy/aquatic therapy, pool membership, and a prescription of Soma. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injections: 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) SI Injections.

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, Sacroiliac Injections.

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint injections as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis with the documentation of at least 3 positive exam findings, with specific tests for motion, palpation, and pain provocation have been described for sacroiliac joint dysfunction, including a cranial shear test, extension test, flamingo test, Fortin finger test, Gillett's test, Patrick's test, pelvic compression test. The guidelines note diagnostic evaluation must first address any of the possible pain generators. There is a lack of objective findings indicating the injured worker had sacroiliac joint dysfunction. There is a lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy. There is a lack of significant objective documentation and a recent clinical note warranting the medical necessity for the request. Given the clinical information, the request for sacroiliac joint injections is not medically necessary.

Physical therapy - aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98-99; 22.

Decision rationale: California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function. The guidelines allow for fading of treatment frequency, plus active self directed home physical medicine. In addition, the guidelines note for aquatic therapy, it is recommended as an optional form of exercise, where available, as an alternate to land based therapy in those individuals in whom reduced weightbearing is desirable. There is a lack of documentation indicating the injured worker had a condition for which reduced weightbearing is desirable. There is a lack of motor deficits of the lower extremities warranting the medical necessity for the request. The injured worker's prior course of physical therapy was not submitted for clinical review. The request submitted failed to provide the number of sessions to be administered. The request submitted failed to provide a treatment site. Additionally, there is a lack of significant objective findings or a recent clinical note warranting the medical necessity of the request. Therefore, the request is not medically necessary.

Pool membership: 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) Low Back, Gym Membership.

Decision rationale: The Official Disability Guidelines do not recommend gym membership or pool membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment; and therefore, are not covered under the guidelines. There is a lack of documentation indicating the injured worker had participated in physical therapy or a home exercise program with periodic assessment and revision, which has been ineffective. The documentation submitted for review did not provide an adequate clinical rationale as to an ineffective home exercise program and the need for specific pool membership. The documentation submitted for review did not submit adequate objective findings or a recent clinical note warranting the medical necessity for the request. Additionally, the request submitted failed to provide a treatment site or the number of sessions to be provided. Therefore, the request is not medically necessary.

Prescription for Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines do not recommend the use of the medication to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency, quantity, and dosage of the medication. There is a lack of an adequate physical examination or a recent clinical note warranting the medical necessity for the request. Therefore, the request is not medically necessary.