

Case Number:	CM14-0123458		
Date Assigned:	08/08/2014	Date of Injury:	03/26/2014
Decision Date:	09/12/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 28-year-old female with a date of injury of 03/26/2014. The listed diagnoses per [REDACTED] are: 1. Right sacroiliac and lumbosacral joint arthropathy. 2. Lumbar strain. 3. Gluteal and hamstring strain. 4. Resolving, rule out right hip derangement. According to progress report, 06/25/2014, patient presents with pain primarily at the right low back around the sacroiliac joint, the lumbosacral joint, and the iliac crest. She notes a cracking sensation with certain movements. Patient notes she is able to get the pain from a 10/10 to a 7/10 with medications. Examination of the lumbar spine revealed slight swelling around the right paralumbar musculature at the sacroiliac joint. Range of motion was decreased on extension, lateral bending, and rotation on the right. Treating physician states although there are no radicular symptoms on the right, there are significant pain behaviors with seated and straight leg raises at 70 degrees. Examination of the hips revealed range of motion is within normal limits, and tenderness and spasm on palpation. FABERE test is positive on the right only for the back rather than the hip pain. Treating physician states, "Although it is our understanding that x-rays were performed in this case, no radiology reports were received." Treating physician states the patient continues to have symptoms consistent with inflammation of sacroiliac joint and lumbosacral joint on the right side superimposed over a lumbar strain as well as gluteal and hamstring strain. There is a possibility of right hip derangement which cannot be entirely ruled out as a source of referred pain. He is recommending chiropractic care consisting of 8 sessions, x-ray of the lumbar spine, x-ray of the right hip, and prednisone 20 mg #9. Utilization review denied the request on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Lumbar Spine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) X-rays, Lumbar spine.

Decision rationale: This patient presents with complaints of pain primarily at the right low back around the sacroiliac joint, the lumbosacral joint, and the iliac crest. The treating physician is requesting x-rays of the lumbar spine. Progress report 06/25/2014, indicates prior x-rays were performed. However, treating physician states, "No radiology reports were received." MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays: "Not recommended routine x-rays in the absence of red flags. Lumbar spine radiograph should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks." In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. Furthermore, treating physician indicates that the patient has had a series x-rays but does not discuss the results and why another set is needed. Request is not medically necessary.

X-ray of the Right Hip: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), X-Ray.

Decision rationale: This patient presents with complaints of pain primarily at the right low back around the sacroiliac joint, the lumbosacral joint, and the iliac crest. The treating physician is requesting an x-ray of the right hip to rule out internal derangement. The ACOEM and MTUS guidelines do not discuss x-rays for the pelvis/hip. ODG guidelines have the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The patient has pain in the hip, but as the treating physician states in his report 06/25/2014, has already had x-rays of the hip. He is requesting a repeat study as this report was not provided for him. A repeat x-ray at this juncture is not medically necessary.

8 Chiropractic Sessions for the Sacroiliac Joint and Lumbosacral (2x4): 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 Manual Therapy & Manipulation Page(s): 58, 59.

Decision rationale: This patient presents with complaints of pain primarily at the right low back around the sacroiliac joint, the lumbosacral joint, and the iliac crest. The treating physician is requesting 8 chiropractic sessions 2 times a week for 4 weeks for the sacroiliac joint and lumbosacral manipulation with deep tissue release of the paraspinal gluteal muscles. Treating physician states in his report 06/25/2014, "The patient has not previously had chiropractic care." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, an initial trial of 6 visits may be recommended, but the treating physician's request for initial 8 sessions exceeds what is recommended by MTUS. Request is not medically necessary.

Prednisone 20mg #9: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Oral Steroids.

Decision rationale: This patient presents with complaints of pain primarily at the right low back around the sacroiliac joint, the lumbosacral joint, and the iliac crest. The treating physician is requesting prednisone 20 mg #9. The treating physician states, "In an effort to provide longer-term relief and confirm our diagnosis, we will provide her with a burst dose of prednisone 20 mg three times a day for 3 days." The MTUS Guidelines do not discuss the use of prednisone. However, ODG Guidelines recommend, "Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain (i.e., axial pain) or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use." In this case, the patient has low back and hip pain with no radicular symptoms. ODG does not recommend oral corticosteroids for non-radicular or chronic pain. Request is not medically necessary.