

<b>Case Number:</b>	CM14-0139833		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine & 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 is a 28-year-old female with a 1/6/13 date of injury. The mechanism of injury occurred when the patient slipped and fell at work. According to a pain management follow-up report dated 7/15/14, the patient reported that she was still having significant SI joint pain and low back pain. The provider has requested additional physical therapy as well as ultrasound guidance for sacroiliac joint injection. Objective findings: tenderness to palpation on left SI joint as well as left piriformis, positive Tinel's at left piriformis, tenderness at left lumbar paraspinal area, restricted lumbar range of motion, positive FABER on the left. Diagnostic impression: sacroiliitis, brachial neuritis/radiculitis, lumbago. Treatment to date included medication management, activity modification, and physical therapy. A UR decision dated 7/29/14 modified the request for ultrasound of the left SI joint and left piriformis with a possible injection to certify diagnostic ultrasound of the left hip and buttock region. Piriformis injections are only permitted after a failure of 4 weeks of physical therapy and only 3 weeks are documented to date. ODG guidelines for sacroiliac injections do not permit this procedure to be done with ultrasound instead of fluoroscopy for guidance. Regarding physical therapy, the request for 12-18 sessions is in excess of that recommended by CA MTUS for muscle pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of The Left SI Joint and Left Piriformis with A Possible 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter - Sacroiliac joint injections Other Medical Treatment Guideline or Medical Evidence: Joint Bone Spine. 2006 Jan;73(1):17-23. : Hansen HC, et. al. Sacroiliac joint interventions: a systematic review. Pain Physician. 2007 Jan;10(1):165-84. Review.: Rupert MP, et. al. Evaluation of sacroiliac joint interventions: a systematic appraisal of the literature. Pain Physician. 2009 Mar-Apr;12(2):399-418

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). It is noted that this is a request for ultrasound guidance for sacroiliac joint injection. However, in the present case, there is no documentation that the patient has had a failure of at least 4-6 weeks of aggressive conservative therapy. In addition, guidelines recommend blocks to be performed under fluoroscopy guidance, not ultrasound guidance. Therefore, the request for Ultrasound of The Left SI Joint and Left Piriformis with A Possible Injection is not medically necessary.

**Physical Therapy to Treat The Lumbar Spine 2 to 3 Times A Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy, Lumbago American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In the present case, it is noted that the patient has had prior physical therapy, however, it is unclear how many sessions he has previously completed. Guidelines support up to 9 visits over 8 weeks for lumbago. An additional 12-18 sessions would exceed guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical Therapy to Treat The Lumbar Spine 2 to 3 Times A Week for 6 Weeks is not medically necessary.

