

<b>Case Number:</b>	CM14-0035611		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/04/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Pain Medicine and is licensed to practice in New York and Texas. 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 54 year old female who reported an injury to her low back and hips. The clinical note dated 09/05/13 indicates the injured worker having undergone x-rays which revealed a spinal meningeal cyst at the S2-3 level with no other acute findings. The injured worker had complaints of low back stiffness and pain. The injured worker was recommended for an evaluation by a neurologist as well as chiropractic therapy. There is an indication the injured worker has a significant leg length discrepancy with a 1 inch difference. The left leg is clearly longer than the right due to a rotated left pelvis correction. The clinical note dated 10/07/13 indicates the injured worker continuing with complaints of stiffness. The injured worker did state that she had been doing better. However, the injured worker reported an episode of getting in and out of her car with an increase in low back pain. The injured worker rated the pain as 6/10 at that time. Tenderness was identified upon palpation at the L1 through S1 levels. The injured worker was able to demonstrate 40 degrees of lumbar flexion, 5 degrees of extension, and 15 degrees of bilateral rotation. All extremities did produce pain at that time. The injured worker was identified as having a positive Lesegue's sign bilaterally. The clinical note dated 10/17/13 indicates the injured worker having an episode of the back freezing up on her while entering her car. The injured worker rated the pain as 8/10 at that time. The clinical note dated 11/07/13 indicates the injured worker continuing with intense levels of low back pain. Radiating pain was identified to the knees. The note indicates the initial injury occurred on 08/04/12 when she was lifting a bench with a manager with her knees bent. The injured worker stated that she felt a pop in her low back. The clinical note dated 02/13/14 indicates the injured worker having undergone an SI joint injection. The utilization review dated 02/27/14 for an inpatient stay, postoperative

physical therapy, and preoperative testing resulted in denials as no information had been submitted confirming a surgical intervention to take place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Inpatient one day: 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Hospital length of stay (LOS).

**Decision rationale:** The request for a one day inpatient stay is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's approval for the sacroiliac joint fusion. Given this, the request for an inpatient stay is rendered not medically necessary.

#### **Medical Clearance: 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 Chapter, Preoperative testing, general.

**Decision rationale:** The request for medical clearance is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's approval for the sacroiliac joint fusion. Given this, the request for medical clearance is rendered not medically necessary.

#### **Labs: 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) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The request for lab studies is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's approval for the sacroiliac joint fusion. Given this, the request for lab studies is rendered not medically necessary.

**Chest x-rays:** 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 Chapter, Preoperative testing, general.

**Decision rationale:** The request for chest x-rays is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's approval for the sacroiliac joint fusion. Given this, the request for x-rays is rendered not medically necessary.

**Electrocardiography (EKG):** 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) Low Back Chapter.

**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 Chapter, Preoperative electrocardiogram (ECG).

**Decision rationale:** The request for an electrocardiography is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's approval for the sacroiliac joint fusion. Given this, the request for an electrocardiography is rendered not medically necessary.

**Post operative physical therapy three times four:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The request for post-operative physical therapy 3 x 4 is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's

approval for the sacroiliac joint fusion. Given this, the request for post-operative physical therapy 3 x 4 is rendered not medically necessary.

**Physician advisor referral:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

**Decision rationale:** The request for a physician advisor is not medically necessary. The documentation indicates the injured worker had been recommended for a sacroiliac joint fusion. However, no information was submitted regarding the injured worker's approval for the sacroiliac joint fusion. Given this, the request for a physician advisor is rendered not medically necessary.