

Case Number:	CM14-0046667		
Date Assigned:	07/02/2014	Date of Injury:	08/20/2013
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Tennessee. 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 31-year-old female who has submitted a claim for left sacroiliac sprain/strain, lumbosacral disc degeneration L5-S1, pelvic obliquity left due to sacroiliac dysfunction, and adverse effect of agents affecting the gastrointestinal system associated with an industrial injury date of August 20, 2013. Medical records from 2013-2014 were reviewed. The patient complained of low back pain. The pain goes deep and radiates to her coccyx and sacrum. There was burning pain in her buttocks and hips with walking. Physical examination showed paravertebral tenderness on the lumbar spine. Spinous process tenderness was also noted on L5 and into the coccyx. Lumbar range of motion was restricted. Patient can't walk on heels and can't walk on toes. Gaenslen's, pelvic compression and FABER test was positive. Tenderness was noted over the coccyx on the left side with left pelvic obliquity. Motor strength, reflexes, and sensation were intact. MRI of the lumbar spine dated October 7, 2013 revealed disc protrusion at L5-S1 without stenosis. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, and activity modification. Utilization review, dated March 26, 2014, denied the request for bursa/join/tendon injection, left sacroiliac because the patient has been improving and it was only recommended in cases of lack of response to aggressive rehabilitation. The request for additional chiro x 6 was approved because the patient appears to be receiving benefit from it with improved range of motion and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bursa/Joint/Tendon injection, left sacroiliac: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (low back).

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 Chapter, Sacroiliac joint Blocks.

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI block 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). In this case, the patient has significant low back pain that is deep and radiates to her coccyx and sacrum. The patient has positive Gaenslen's, pelvic compression and FABER test. Although patient presents with evidence of sacroiliac joint dysfunction, aggressive conservative management aside from medical therapy has not failed. The patient continues to benefit from chiropractic therapy. The guideline criteria have not been met. Therefore, the request for Bursa/Joint/Tendon injection, left sacroiliac is not medically necessary.

Additional Chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits is supported. In this case, the patient previously had 6 chiropractic therapy sessions since January 2014. Recent progress report, dated March 20, 2014, stated that she is much improved because of the chiropractic therapy sessions. She has less leg pain and is working on being more erect and not use her cane. However, objective evidence such as decrease in pain score and decrease in medication use were not documented. Furthermore, the present request failed to specify the body part to be treated and the number of chiropractic therapy visits. Therefore, the request for Additional Chiropractic is not medically necessary.