

Case Number:	CM14-0048191		
Date Assigned:	07/07/2014	Date of Injury:	05/06/2011
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture; and the apparent imposition of permanent work restrictions, per the claims administrator. In a March 31, 2014 progress note, the claims administrator approved a pain management followup visit while denying sacroiliac joint injections and six sessions of chiropractic manipulative therapy. The applicant attorney's subsequently appealed. In an applicant questionnaire dated September 17, 2013, the applicant acknowledged that he was not working, continued to report 7-8/10 low back, neck, and leg pain. The applicant is using Norco and Robaxin for pain relief, the former at a rate of six tablets a day, it was acknowledged. On later question of October 25, 2013, the applicant again acknowledged that he is not working and continuing to use Norco at a rate of six tablets a day. The applicant did receive chiropractic manipulative therapy on January 22, 2014 and January 29, 2014, it is incidentally noted. The applicant's primary treating provider later sought authorization for an SI joint injection and six sessions of chiropractic manipulative therapy via a request for authorization form seemingly dated October 25, 2013. In a progress note of that date, it was acknowledged that the applicant had persistent complaints of low back pain, had had six recent sessions of manipulative therapy, and had also had 24 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac injection x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd edition, Low Back Chapter, Injection Therapies section.

Decision rationale: The MTUS does not address the topic of sacroiliac joint injection therapy. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joint injections are recommended only in the presence of a proven rheumatologic arthropathy or proven rheumatologic process implicating the SI joints. SI joint injections are not recommended in the treatment of chronic nonspecific low back pain, as is present here. In this case, the applicant does not have any proven rheumatologic process implicating the SI joints. Therefore, the request is not medically necessary.

Chiropractic 1 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, up to one to two sessions of chiropractic manipulative therapy are recommended to combat recurrences or flares in chronic low back pain in applicants who have achieved treatment success by maintaining successful return to work status. In this case, however, the applicant is off of work. The applicant does not appear to have worked in several years. The fact that the applicant is off of work, coupled with fact that the applicant continues to use six tablets of Norco per day, implies a lack of functional improvement as defined in MTUS 9792.20f despite unspecified amounts of earlier manipulative treatment. Continuing manipulative therapy is not, consequently, indicated. Therefore, the request is not medically necessary.