

<b>Case Number:</b>	CM14-0053139		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Management 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 47-year-old male with an 11/01/2011 date of injury, when her car was rear-ended without brakes by another car. 4/21/14 determination was denied given, regarding the facet blocks, no indication that the pain is facetogenic at the proposed levels and there is radiculopathy. Regarding SI joint injections, no physical findings that this is the pain generator and aggressive conservative treatment specifically directed at SI joint dysfunction. Regarding swimming pool access, Physical Therapy (PT) had been addressed by the carrier and patient should be able to progress to an appropriate home exercise program. 4/11/14 medical report by [REDACTED] identified right lower back pain described as constant, tightness, sharp, and spasms. Lower back pain radiates to the right buttock and increases with sitting from more than 10-15minutes, driving for 10-15mixture, standing or walking for more than 15min. Reported lumbar spine MRI report revealed at L4-5 a 6mm intraforaminal and far lateral protrusion displacing exiting left L4 nerve root resulting in moderate left foraminal stenosis. At L5-S1 a 2mm broad based central disc protrusion with disc desiccation and degenerative annular signal in the right posterolateral aspect of the disc protrusion. Exam revealed decreased range of motion, 4/5 strength in the right lower extremity, positive Romberg and abnormal tandem walk. The patient avoided placing weight on her right leg. Recommendations included orthopedic evaluation, physical therapy, epidural injections to the lumbar spine at bilateral L4-5 and L5-S1, and access to a heated swimming pool with supervision to perform physical therapy. Treatment to date included medication and physical therapy (recently authorized by carried). A RFA from 4/11/14 identified a request for physical therapy, right L4-5-S1 facet injections, SI joint injections, and access to heated pool x 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 Facet 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: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. There was no clear indication of the medical necessity of the requested injections. The patient has radicular symptoms and findings. In addition, the medical report identifies a request for epidural injections not facet injections. In addition, physical therapy was recently authorized and it would be reasonable to await results from therapy prior to proceeding to additional more invasive techniques. The request is not medically necessary and appropriate.

**Right L5-S1 Facet 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: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. (ODG) Official Disability Guidelines states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. There was no clear indication of the medical necessity of the requested injections. The patient has radicular symptoms and findings. In addition, the medical report identifies a request for epidural injections not facet injections. In addition, physical therapy was recently authorized and it would be reasonable to await results from therapy prior to proceeding to additional more invasive techniques. The request is not medically necessary and appropriate.

**Right SI Joint 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: Hip and Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, (ODG) Official Disability Guidelines criteria for Sacroiliac Joint (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). The patient has radicular findings. There was no indication of findings suggestive of SI joint pathology. There was also no clear indication that the patient has had conservative treatment specifically directed to the SI joint. The request is not medically necessary and appropriate.

**Left SI Joint 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: Hip and Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, (ODG) Official Disability Guidelines criteria for Sacroiliac Joint (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). The patient has radicular findings. There was no indication of findings suggestive of SI joint pathology. There was also no clear indication that the patient has had conservative treatment specifically directed to the SI joint. The request is not medically necessary and appropriate.

**Access to a heated swimming pool with supervision x 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22.

**Decision rationale:** CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. There was no indication of a special circumstances for which aquatic therapy/swimming pool was indicated. The patient was recently authorized for PT and it would be reasonable to finish such sessions prior to proceeding with additional therapy. In addition, there was no indication who would be supervising the therapy and if the patient would be following specific exercises/program. The request is not medically necessary and appropriate.