

Case Number:	CM14-0055996		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2000
Decision Date:	09/03/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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 Medicine and is licensed to practice in 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 60 year old male who was injured in a motor vehicle accident on 05/02/2000. The injured worker complains of low back and pelvic pain and is diagnosed with lumbago. Treatment to date has consisted of physical therapy, medications, trigger point injections, laser treatments and acupuncture. The clinical note dated 03/18/14 notes the patient has not received physical therapy for his back for some time and indicates the injured worker's most recent treatment, indicated by preceding note to be acupuncture, provided only a couple hours relief as opposed to the usual 2 weeks relief. A sacroiliac (SI) injection and physical therapy for Pilates, Microstim and education on pelvic stabilization exercises were recommended at this visit. These interventions are denied by utilization review dated 04/10/14. An appeal letter from the treating physician dated 04/15/14 states the injured worker has had consistently positive Patrick's and positive Gaenslen's tests and chronic pain at the SI joint. It states previous interventions to include laser and acupuncture only provided marginal relief and notes the injured worker has not yet received a SI injection. The letter further states Colorado guidelines recommend the use of SI injections and physical therapy in conjunction with one another. X-ray of the lumbar spine dated 06/06/14 demonstrates bilateral L5 spondylolysis resulting in grade 1 spondylolisthesis of L5 on S1 which increases with flexion and extension. The most recent clinical note dated 07/21/14 notes the injured worker has bilateral sacroilitis. Physical examination reveals deep tendon reflexes (DTRs) of 2/4 in all extremities, sensation intact to light touch and pinprick, tenderness at the lumbosacral junction and pain at the SI joints bilaterally. Pain with FABER maneuver and tenderness with flexion to 20 is noted. Utilization review dated 4/10/2014 denied sacroiliac injection and physical therapy for Pilates, Microstim and education on pelvic stabilization exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac 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 Chronic Pain Treatment Guidelines Sacroiliac Joint Injections Page(s): 345.

Decision rationale: The request for sacroiliac joint injection is not medically necessary. Previous request was denied on the basis that there was insufficient objective clinical documentation indicative of sacroiliac joint dysfunction, such as positive Gaenslen's test, Patrick's test, or pelvic distraction test. Current evidence-based guidelines state that there should be at least three special testing maneuvers provocative for sacroiliac joint dysfunction on physical examination. Clinical documentation submitted for review did not include the required criteria. Given this, the request for sacroiliac joint injection is not indicated as medically necessary.

Additional physical therapy to include Pilates, microstim and pelvic stabilization qty 10:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Physical medicine treatment.

Decision rationale: The request for additional physical therapy to include pilates, microstim, and pelvic stabilization times ten (10) is not medically necessary. Previous request was denied on the basis that there was no documentation of symptomatic or functional improvement from previous therapy visits, such as increased strength, increased range of motion, or decreased pain. No information was submitted indicating a surgical intervention has been performed. The Official Disability Guidelines recommend up to nine visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to three visits per week to one or less). There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for additional physical therapy to include pilates, microstim, and pelvic stabilization times ten (10) is not indicated as medically necessary.