

Case Number:	CM14-0076275		
Date Assigned:	07/18/2014	Date of Injury:	09/30/2013
Decision Date:	12/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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 Interventional Spine 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 patient is a 55 year old female with injury date of 09/30/13. Based on the 03/17/14 progress report, the patient complains of pain on right foot and numbness. The patient feels unbalanced at times. There is tenderness at right paralumbar and right SI joint area. Right SI joint stress test is positive. The patient's diagnoses are 1. Cervicalgia 2. Sprain/Strain, lumbosacral Per 04/07/14 progress report, the patient still feels off balance. There is neck pain that radiates to right side and feels a bump on shoulder area. The patient is able to move up right shoulder. The low back feels good when medication is taken but symptom comes back when drugs wear off. There is pain at right SI joint area with tingling and tenderness at right SI region with positive SI joint stress test. The sciatic stretch test was negative with no distal weakness. The patient completed 18 visits of physical therapy between 10/03/13-01/14/14. The treating physician requesting physical therapy 2x3 for cervical and lumbar spine, and cortisone injection at right sacroiliac joint. The utilization review determination being challenge is dated 04/30/14. The treating physician provided treatment reports from 10/10/13-04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 Cervical and Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient recently completed 18 sessions of therapy and the treater has asked for more treatments. The physician does not explain why more formalized therapy is needed. There is no evidence of a new injury, significant change in clinical presentation or functional decline that cannot be addressed via a home exercise program. Additional 6 session of therapy far exceeds what is allowed by MTUS for the type of condition this patient presents with. The request is not medically necessary.

Cortisone Injection at right Sacroiliac Joint: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint blocks, Sacroiliac joint blocks Chapter

Decision rationale: This patient presents with cervicalgia and lumbosacral sprain/strain. The request is cortisone injection at right sacroiliac joint. The ODG guidelines regarding sacroiliac joint blocks states "Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." The ODG guideline further states "there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." In this case, the reports do not show documentation of 3 specific SI joint provocative maneuvers. The request is not medically necessary.