

Case Number:	CM14-0079283		
Date Assigned:	07/18/2014	Date of Injury:	11/29/2010
Decision Date:	08/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 female patient with the date of injury of November 29, 2010. A Utilization Review was performed on May 19, 2014 and recommended non-certification of SI joint injection under fluoroscopy, additional physical therapy 3 times weekly, and referral to spine specialist. A Progress Report dated April 22, 2014 identifies Subjective Complaints of occasional sharp pain when she lays down in her hip. Her low back pain is constant and localized to her lower back. The pain does not radiate to her lower extremities. Objective Findings identify moderate pain in the left SI joint and mild anterior hip pain with range of motion. Diagnoses identify hip labral tear, hip pelvis pain, and spine low back pain. Treatment Plan identifies request authorization for a fluoroscopic directed SI joint injection left SI joint, continue physical therapy, and referral to a spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection under fluoroscopy QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. There is no information identifying the patient has failed conservative therapy. In the absence of such documentation, the currently requested SI joint injection under fluoroscopy is not medically necessary.

Additional physical therapy 3 times weekly QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that physical therapy is recommended. ODG recommends 9 visits over 8 weeks for sprains and strains of the hip and thigh. Guidelines do not contain recommendations for the number of physical therapy sessions to treat labral tears or hip muscle tears. Within the documentation available for review, it appears the patient has undergone previous physical therapy. There is no documentation of any objective functional improvement from the therapy already provided. Additionally, the currently requested 12 visits exceeds the number recommended by guidelines. Due to the above issues, the currently requested additional physical therapy 3 times weekly QTY 12 are not medically necessary.

Referral to spine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to spine specialist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear why a

spine specialist referral is necessary for this patient. There is mention of low back pain, but there is no indication of any findings that would warrant a referral to a spine specialist. Additionally, it is unclear what sort of a spine specialist is being requested (Ortho, M&R, Neurosurgery, Neurology, Chiropractic, etc). In light of the above issues, the currently requested referral to spine specialist is not medically necessary.