

<b>Case Number:</b>	CM13-0018697		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 20, 2013. A utilization review determination dated August 20, 2013 recommends denial for a physical medicine and rehabilitation consult for a sacroiliac cyst. Denial was recommended due to lack of documentation of physical/objective findings to support the request. A progress report dated August 22, 2013 identifies subjective complaints indicating that the patient is off work. The note states "much better than at 1st." Objective examination findings seem to indicate findings at the left medial epicondyle and right sacroiliac joint tenderness. The treatment plan recommends "consult PMR." A progress report dated August 1, 2013 identifies positive Patrick's test. The treatment plan recommends PM&R consult for sacroiliac cyst. Physical therapy notes indicate that the patient has been shown body mechanics and strengthening programs for the lower extremities and hips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PMR Consult to evaluate sacroiliac cyst:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 7, Page 127.

**Decision rationale:** Regarding the request for consultation, 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, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, the patient seems to be doing significantly better, and there is no documentation of any specific functional deficits that are to be addressed by a consultation. Furthermore, there is no thorough physical examination in an attempt to identify a differential diagnosis which could explain the patient's current complaints. Finally, it is unclear what the requesting physician is expecting a physical medicine and rehabilitation specialist to add to the current treatment plan. In the absence of clarity regarding those issues, the currently requested consultation is not medically necessary.