

Case Number:	CM15-0139909		
Date Assigned:	07/29/2015	Date of Injury:	05/30/2014
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male, who sustained an industrial injury on 5-30-2014, resulting from a slip and fall. The injured worker was diagnosed as having lumbar facet syndrome, sacroiliitis, sacroiliac pain, cervical radiculopathy, and cervical disc disorder. Treatment to date has included diagnostics, chiropractic with physiotherapy, H wave, and medications. Currently, the injured worker complains of lower back pain, radiating down the right leg down to his knee. His pain was rated 4-5 out of 10. He reported that his neck was better and only hurt occasionally. He was currently taking Ibuprofen. Sleep quality was poor. He was currently not working with restrictions due to termination. His body mass index was 34.14%. Exam of the cervical spine noted restricted range of motion due to pain, cervical facet tenderness C5, C6, and C7, and pinprick slightly decreased at the right C8 and T1. Exam of the lumbar spine noted restricted range of motion due to pain, tenderness on the left paravertebral muscles, lumbar facet tenderness L5-S1, positive facet loading on the right, and positive Gaenslen's test. Pinprick was slightly decreased at the right L4, L5, and S1. The treatment plan included aquatic therapy, due to difficulty with land based therapy, right sided sacroiliac joint injection, and right medial branch block, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Version, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for neck and low back pain. He was seen for an initial evaluation by the requesting provider. There was decreased and painful cervical and lumbar spine range of motion. There was Lumbar tenderness and cervical and lumbar facet tenderness. There was decreased right upper extremity sensation. Lumbar facet loading was positive. Gaenslen testing was positive. The claimant's BMI is over 34. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.

Right SI (Sacroiliac) joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC (Treatment for Workers Compensation), Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (Acute & Chronic) (updated 10/09/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for neck and low back pain. He was seen for an initial evaluation by the requesting provider. There was decreased and painful cervical and lumbar spine range of motion. There was Lumbar tenderness and cervical and lumbar facet tenderness. There was decreased right upper extremity sensation. Lumbar facet loading was positive. Gaenslen testing was positive. The claimant's BMI is over 34. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, only one positive physical examination finding is documented. A right sacroiliac joint injection is not medically necessary.