

Case Number:	CM15-0146344		
Date Assigned:	08/10/2015	Date of Injury:	02/18/2009
Decision Date:	09/04/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old female with a February 18, 2009 date of injury. A progress note dated June 5, 2015 documents subjective complaints (lower back pain rated at a level of 8 out of 10 with right greater than left lower extremity symptoms), objective findings (no signs of infection of the lumbar spine; incision well healed; range of motion not assessed; no focal lower extremity neurological deficit), and current diagnoses (status post fusion revision on December 5, 2014). Treatments to date have included spinal surgeries, physical therapy for the lumbar spine that offers temporary relief, and medications. For unknown reasons, the diagnosis of Bertolotti's syndrome was not made until well after the revision surgery. The treating physician documented a plan of care that included twelve physical therapy sessions for the lumbar spine and sacroiliac joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions 2 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS Guidelines consider up to 34 sessions over 16 weeks of physical therapy as adequate for lumbar fusion postoperative care. It is well documented that this individual has completed 30 sessions of physical therapy and there are no contraindications to a home based independent rehabilitation program. The request for an additional 12 sessions of physical therapy significantly exceeds Guideline recommendations without justifying exceptions. The request for 12 physical therapy sessions 2 times a week for 3 weeks for the lumbar spine is not supported by Guidelines and is not medically necessary.

Injection at S1-S2 and bilateral sacroiliac joints: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.boneandjoint.org.uk/highwire/filestream/65391/field_highwire_article_pdf/0/1183.fulltext.pdf
<http://ebooks.cambridge.org/chapter.jsf?bid=CBO9781107281950&cid=CBO9781107281950A028>.

Decision rationale: Guidelines do not address this specific issue. Essentially, the request is for a diagnostic injection of the pseudoarticulation associated with Bertolotti's syndrome which affects approximately 3-5% of the population. Standard articles and texts on this rare diagnosis support diagnostic injections prior to any planned treatment. It is not clear why this diagnosis was not made earlier in the course of this individual's chronic low back pain, but the diagnosis appears well confirmed at this point in time. Under these circumstances, the Injection at S1-S2 and bilateral sacroiliac joints is medically necessary.