

<b>Case Number:</b>	CM15-0147417		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, 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:

The applicant is a represented 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 18, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for six sessions of physical therapy physical therapy and a sacroiliac joint injection. The claims administrator did, however, approve Celebrex. A June 3, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of low back pain. The applicant was on Celebrex, Lodine, Flexeril, and Pamelor, it was reported. The applicant was overweight with a BMI of 31, it was reported. The applicant exhibited a positive straight leg raising about the lumbar spine, it was suggested, tenderness about the lumbar paraspinal musculature and hyposensorium appreciated about the left leg. The attending provider reiterated the request for SI joint injection therapy and additional physical therapy. The applicant was given work restrictions. The attending provider acknowledged, however, the applicant was off of work. The applicant completed four to six weeks of physical therapy treatments, the treating provider acknowledged. In an earlier note dated July 1, 2015, the applicant was given work restrictions which were unchanged when contrasted again the subsequent note dated August 19, 2015. The attending provider acknowledged on that date that the applicant was not working with said limitations in place. The applicant was asked to continue Celebrex. SI joint injection therapy was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Low Back, 6 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for six sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was acknowledged on progress note of July 1, 2015 and August 19, 2015 despite receipt of at least four to six sessions of physical therapy in July 2015 alone. The work restrictions issued on August 19, 2015 were unchanged when contrasted against previously imposed limitations of July 1, 2015. The applicant remained dependent on a variety of analgesics as her medications do include Pamelor, Celebrex, Flexeril, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.

**Left Sacroiliac Joint Injection, Qty 1: 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 & Pelvis (Acute & Chronic) - Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611 1.

**Decision rationale:** The request for a sacroiliac joint injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the sacroiliac joint injections. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was present here, on or around the dates in question, August 19, 2015 and July 1, 2015. Rather, ACOEM suggests reserving sacroiliac joint injection therapy for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant carrying a diagnosis of rheumatologically-proven sacroiliac spondyloarthropathy. Therefore, the request was not medically necessary.