

Case Number:	CM15-0187122		
Date Assigned:	09/29/2015	Date of Injury:	07/05/2014
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 7-05-2014. The injured worker is being treated for backache NOS. Treatment to date has included diagnostics, modified work, medications including NSAIDs, physical therapy, facet injection and home exercises. She has had no acupuncture per the medical records. Per the Primary Treating Physician's Progress Report dated 8-28-2015, the injured worker presented for a periodic office visit. She reported that her pain level was unchanged since the last visit. She rates her pain as 6 on a scale of 1-10 and rates her pain without medications s 9 out of 10. Current medications include ibuprofen, Lidoderm, Skelaxin and Tramadol. Objective findings of the lumbar spine included loss of lordosis with straightening. On palpation paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both sides. Work status was modified. The plan of care included, and authorization was requested on 9-02-2015 for one bilateral sacroiliac joint injection and six acupuncture sessions. On 9-11-2015, Utilization Review non-certified the request for one bilateral sacroiliac joint injection and modified the request for six acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral S1 joint injection: 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) (updated 08/20/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient presents with pain in the low back and the right hip. The request is for ONE (1) BILATERAL SI JOINT INJECTION. Physical examination to the lumbar spine on 09/25/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Patient's treatments have included medication, injections and physical therapy. Per 10/08/15 Request for Authorization form, patient's diagnosis includes backache nos. Per 08/28/15 Request for Authorization form, patient's medications include Lidoderm Patch, Skelaxin, Tramadol, and Ibuprofen. Patient's work status is modified duties. ODG Guidelines, Low Back Chapter under SI joint injections Section, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. The treater has not specifically addressed this request. The patient is status post facet joint injections 04/09/15 with no relief and continues with pain in the lower back and the right hip. Patient's diagnosis, per 10/08/15 RFA includes backache nos. An undated MRI of the lumbar spine showed degenerative disc disease, annular tear, and degenerative joint disease. In this case, the patient does not present with inflammatory SI joint problems. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for bilateral SI Joint Injection. Therefore, the request IS NOT medically necessary.

Six acupuncture sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain in the low back and the right hip. The request is for SIX ACUPUNCTURE SESSIONS. Physical examination to the lumbar spine on 09/25/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Patient's treatments have included medication, injections and physical therapy. Per 10/08/15 Request for Authorization form, patient's diagnosis includes backache nos. Per 08/28/15 Request for Authorization form, patient's medications include Lidoderm Patch, Skelaxin, Tramadol, and Ibuprofen. Patient's work status is modified duties. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture

treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In progress report dated 09/25/15, the treater is suggesting a trial of acupuncture for the patient. The utilization review dated 09/11/15 has modified the request to 4 sessions. Review of the medical records did not indicate prior acupuncture treatments. The patient continues with pain in the lower back and the right hip. Given the patient's condition, a trial 6 sessions of acupuncture appears reasonable and within guideline recommendations. Therefore, the request IS medically necessary.