

Case Number:	CM15-0188638		
Date Assigned:	09/30/2015	Date of Injury:	01/03/2013
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii

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:

This 37 year old man sustained an industrial injury on 1-3-2013. Diagnoses include chronic pain syndrome, lumbosacral spondylosis without myelopathy, lumbar or lumbosacral disc degeneration, other disorder related to psychological factors, sacroiliitis, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, and sleep disturbance. Treatment has included oral medications, acupuncture, and radiofrequency ablation. Physician notes on a PR-2 dated 8-12-2015 show complaints of low back pain and right hip pain. The worker states his pain medications yields 4-5 out of 10 points relief, however, does not give a pain rating before taking medications or after. The physical examination shows somewhat abnormal appearance of the extremities, palpable taut bands in the indicated painful areas, possible soft tissue dysfunction with spasms to the gluteals and lower extremities, compression of the pelvis produces buttock pain, and "neurological coordination appears to be somewhat compromised" without more detailed explanation of findings. Recommendations include acupuncture, right sacroiliac joint injection, Norco, Etodolac, Gabapentin, Cyclobenzaprine, and follow up in one month. Utilization Review denied requests for right sacroiliac joint injections and acupuncture on 8-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Injections: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter (Online Version), Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Sacroiliac Joint Injections.

Decision rationale: The patient presents with low back pain. The current request is for Right SI Joint Injection. The treating physician's report dated 08/12/2015 (10A) states, As mentioned above will order acupuncture x 6 with combination of right SI joint inj. This will improve his QOL and keep him functional. The MTUS and ACOEM Guidelines do not address sacroiliac joint injections, however, ODG Guidelines under the Hip and Pelvis chapter on Sacroiliac Joint Injections recommends SI joint injections as an option if the patient has 3 positive exam findings for SI joint syndrome; diagnostic evaluation have addressed other possible pain generators; at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. The records do not show any previous right sacroiliac joint injection. None of the reports document any of the required 3 positive exam findings for SI joint syndrome. In this case, the patient does not meet the criteria based on the ODG Guidelines for a sacroiliac joint injection. The current request is not medically necessary.

Acupuncture x 6: 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 low back pain. The current request is for Acupuncture x 6. The treating physician's report dated 08/12/2015 (10A) states; the patient reports that the needling sessions have been effective for them. He notes that the pain relief has been appreciable enough to continue treatments. The area of pain has been decreased, the ROM of the area has increased, and/or the patient is able to do more functionally since starting the needling sessions. The Acupuncture Medical Treatment Guidelines page 13 states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. Acupuncture therapy reports were not made available for review. Records do not show how many acupuncture therapy sessions the patient has received thus far. However, the physician has noted functional improvement with acupuncture therapy and the guidelines support continued treatment. The current request is medically necessary.

