

Case Number:	CM15-0021219		
Date Assigned:	02/10/2015	Date of Injury:	04/21/2008
Decision Date:	04/24/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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: Internal 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 injured worker is a 59-year-old male with an industrial injury dated April 21, 2008. The injured worker diagnoses include lumbar spondylosis, post laminectomy of lumbar, lumbar / thoracic radiculopathy, and myofascial pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, left sacroiliac (SI) injection, and periodic follow up visits. In a progress note dated 1/06/2015, the injured worker reported low back pain, mostly on the left side. The treating physician noted tenderness to palpitation about the left sacroiliac joint and mild swelling. The treating physician prescribed services for ultrasound guided sacroiliac (SI) injection, date of service 1/06/15 and physical therapy 2x6 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided SI injection, date of service 01/06/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks. ACOEM 3rd Edition Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) indicates that sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization / manipulation and anti-inflammatory). A systematic review commissioned by the [REDACTED] and conducted at the [REDACTED] states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. ODG criteria for the use of sacroiliac blocks requires that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The orthopedic progress report dated 1/6/15 requested a sacroiliac joint injection. No physical therapy for the sacroiliac joint complaints was documented. Conservative therapy for the sacroiliac joint complaints was not documented in the 1/6/15 progress report. ODG criteria for the use of sacroiliac blocks requires that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. ACOEM and ODG guidelines do not support the request for SI sacroiliac joint injection. Therefore, the request for sacroiliac joint injection is not medically necessary.

Physical therapy 2 x week x 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that for low back fusion surgery, 34 visits of postsurgical physical therapy are recommended. The orthopedic progress report dated 1/6/15 documented that the patient is seven-and-a-half months postop following his extensive spinal surgery. An x-ray was obtained of the lumbar spine. His fusion looks great at this time and continues to heal nicely. His fusion appears to have healed, enough to begin him on a course of physical therapy for his low back. He was provided with a written prescription for physical therapy at two sessions a week for six weeks. The 1/6/15 progress report indicates that the patient had not had postsurgical physical therapy. MTUS Postsurgical Treatment Guidelines indicates that for low back fusion surgery, 34 visits of postsurgical physical therapy are recommended. Therefore,

the request for physical therapy is medically necessary.