

<b>Case Number:</b>	CM15-0034780		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Arizona, Michigan

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 injured worker is a 44-year-old female, who sustained an industrial injury reported on 6/26/2013. She reported continued pain, without improvement, to the back and right hip. The diagnoses were noted to include lumbar spine myofascitis with radiculitis; rule-out lumbar spine disc injury; and right hip bursitis. Treatments to date have included consultations; diagnostic imaging studies; chiropractic treatments; use of home transcutaneous electrical nerve stimulation unit; physical therapy; activity modifications; ice therapy; a trial of the prime dual transcutaneous electrical nerve stimulator - electrical muscle stimulator unit with confirmed efficacy; and medication management. The work status classification for this injured worker (IW) was noted to be that he was to remain off work until 2/18/2015. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/8/2015, for chiropractic treatments with manual therapy techniques, therapeutic procedure and electrical stimulation, 2 x a week x 6 weeks, for the lumbar spine and right hip; and right sacroiliac joint injection, under fluoroscopy. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, manual therapy and manipulation, and the Official Disability Guidelines, hip and pelvis, criteria for sacroiliac joint blocks, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic )/ Sacroiliac joint blocks.

**Decision rationale:** The MTUS, did not specifically address the use of sacroiliac joint injections in the injured worker, therefore other guidelines were consulted. Per the ODG, SI joint injections are recommended as an option if the patient has 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 (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the, "diagnostic gold standard." The ODG lists specific criteria for the use of sacroiliac blocks as listed below: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy (Hansen, 2003). 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. Unfortunately a review of the injured workers medical records that are available to me do not show documentation of the physical exam diagnostic criteria as listed in the ODG and without this information medical necessity cannot be established.

**Fluoroscopy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic)/ Sacroiliac joint blocks.

**Decision rationale:** The MTUS, did not specifically address the use of sacroiliac joint injections in the injured worker, therefore other guidelines were consulted. Per the ODG, sacroiliac joint injections should be performed under fluoroscopy, however a review of the injured workers medical records that are available to me do not show documentation of the physical exam diagnostic criteria as listed in the ODG and without this information medical necessity could not be established for the use of right SI joint injection. Since the SI joint injection has not been found to be medically necessary, the request for fluoroscopy is also not medically necessary.

**Chiropractic treatment twice weekly, lumbar spine and right hip Qty:12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment, Manual therapy and manipulation Page(s): 30, 58-60.

**Decision rationale:** Per the MTUS, chiropractic care also known as manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients therapeutic exercise program and return to productive activities. Per the MTUS, for the low back therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, for recurrences or flare up, need to re-evaluate treatment success, if RTW is achieved then 1-2 visits every 4-6 months, time to produce effect 4-6 treatments. A review of the injured workers medical records available do not show that he has completed the recommended trial of 6 visits with evidence of objective functional improvement that would qualify him for additional visits of up to a total of 18 visits. Therefore, the request for chiropractic treatment twice weekly, lumbar spine and right hip Qty: 12 is not medically necessary at this time.

**Manual therapy techniques, twice weekly, lumbar spine and right hip Qty:12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients therapeutic exercise program and return to productive activities. Per the MTUS, for the low back therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, for recurrences or flare up, need to re-evaluate treatment success, if RTW is achieved then 1-2 visits every 4-6 months, time to produce effect 4-6 treatments. A review of the injured workers medical records that are available to me do not show that he has completed the recommended trial of 6 visits with evidence of objective functional improvement that would qualify him for additional visits of up to a total of 18 visits. Therefore, the request for manual therapy techniques, twice weekly, lumbar spine and right hip Qty: 12 is not medically necessary at this time.

**Therapeutic procedure, twice weekly, lumbar spine and right hip Qty:12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients therapeutic exercise program and return to productive activities. Per the MTUS, for the low back therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, for recurrences or flare up, need to re-evaluate treatment success, if RTW is achieved then 1-2 visits every 4-6 months, time to produce effect 4-6 treatments. A review of the injured workers medical records failed to clarify the nature of the therapeutic procedure that is being requested and it is not clear if this is a duplication of the request for manual therapy techniques, without a defined therapeutic procedure medical necessity cannot be established.

**Electrical stimulation, twice weekly, lumbar spine and right hip Qty:12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-stim) Page(s): 45.

**Decision rationale:** Per the MTUS, there are several different modalities for electrical stimulation and the treatment guidelines vary depending on the specific type of electrical stimulation treatment being utilized. Examples of electrical stimulation modalities include but are not limited to Transcutaneous electrotherapy: TENS, Electroceutical therapy, H-wave

stimulation, interferential current stimulation, galvanic stimulation, percutaneous electrical nerve stimulation to mention a few. However, a review of the injured workers medical records that are available to me failed to provide any clarity as to the specific electrical stimulation modality that is being requested at this time and without this information, medical necessity cannot be established.