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| Case Number: | CM15-0043367 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 10/28/1995 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old male, with a reported date of injury of 10/28/1995. The diagnoses include lumbar radiculitis. Treatments to date have included physical therapy and oral medications. The progress report dated 01/14/2015 indicates that the injured worker complained of low back pain. He reported that the low back pain was better with physical therapy. He had completed six physical therapy visits. The objective findings indicate that the low back pain was localized to the sacroiliac joints, the injured worker was walking better. The treating physician requested a consultation with pain management for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pain Management for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits Hip and Pelvis- Sacroiliac Joint blocks.

Decision rationale: Consultation with pain management for the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. Pain management consult for the lumbar spine is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The ODG states that for sacroiliac blocks 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). The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). The documentation indicates that the referral to pain management is for possible sacroiliac joint blocks. The documentation does not list 3 positive exam findings indicative of sacroiliac dysfunction. The ODG states that the patient must have had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The recent documentation indicates that the patient had PT for 6 sessions and feels that the patient is walking more upright, his low back pain is better with PT and he is doing a home exercise program now therefore it is not clear that the patient has failed this conservative treatment. The request for a consultation and management for the lumbar spine is not medically necessary.

Physical Therapy, 6 sessions to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical Therapy, 6 sessions to the Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient recently finished 6 sessions of therapy and is independent with a home exercise program. The MTUS recommends up to 10 visits for this condition. The patient has also had prior extensive physical therapy for the low back. It is unclear why the patient cannot continue a home exercise program, which he should be well versed in by now. There are no extenuating factors requiring 6 more supervised therapy sessions for this patient. The request for physical therapy 6 sessions is not medically necessary.

