

<b>Case Number:</b>	CM15-0233279		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Texas, Illinois

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 64 year old male who sustained an industrial injury on 2-6-14. A review of the medical records indicates that the worker is undergoing treatment for radiculopathy lumbar region, other dorsalgia, and other specified dorsopathies lumbosacral region. Subjective complaints (10-21-15) include back pain radiating from the low back down both legs, lower back ache and right hip pain. Pain is described as sharp, throbbing, dull, aching, pressure-like, shooting and electric -like with muscle pain, pins-and-needles sensation and weakness. Pain is aggravated with activity (bending forward or walking, standing, sitting) more than 30-40 minutes at a time and lifting-carrying more than 20 pounds. Pain is rated at 7 out of 10 with medications and 10 out of 10 without medications. Current medications are Gabapentin and Vimovo. Work status was noted as retired. Objective findings (10-21-15) include a normal gait, lumbar spine restricted range of motion with flexion limited by pain to 50 degrees and extension limited to 20 degrees, positive Gaenslen's, positive Faber test and positive Fortin's sign, lower extremity reflexes are equal and symmetric, increased pain in a seated position, tenderness over the sacroiliac spine, groin and sacroiliac joint, and sensory exam was noted as normal. It is noted x-rays of the lumbar spine and hip were done previously. X-ray of the lumbosacral spine noted (3-14-14) reveals "pars defect of 1.5 cm at L5-S1 with spondylolisthesis and spondylosis at multiple levels with facet hypertrophy." Previous treatment includes non-steroidal anti-inflammatory medications and opioids, home exercise 3-4 times per week (reported to provide mild pain relief), heat-ice and rest. The treatment plan includes trial of a lumbar brace, pending MRI of the lumbar spine to assess anatomic pathology given clinical symptoms and objective findings on

exam, pending x-ray of the right hip, pending sacroiliac joint injection based on findings of sacroiliac joint dysfunction maneuvers and positive joint provocation maneuvers, pending physical therapy 2 times a week for a total of 12 visits, provide samples of Vimovo, and consideration given for lumbar epidural injection in the future. A request for authorization is dated 10-28-15. The requested treatment of sacroiliac joint injection to treat the lumbar spine, MRI of the lumbar spine without contrast, and 12 physical therapy visits over 6 weeks for the lumbar spine was non-certified on 11-5-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Sacroiliac joint injection to treat the lumbar spine: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Sacroiliac joint injections (SJI).

**Decision rationale:** The injured worker sustained a work related injury on 2-6-14. The medical records provided indicate the diagnosis of radiculopathy -lumbar region, other dorsalgia, and other specified dorsopathies lumbosacral region. Treatments have included opioids, home exercise, heat-ice and rest; Gabapentin and Vimovo. The MTUS is silent on Sacroiliac Joint Injection, but the Official Disability Guidelines does not recommend Sacroiliac Joint Injection for non-inflammatory sacroiliac pathology. However, these guidelines recommend it on a case-by-case basis for inflammatory spondyloarthritis (sacroiliitis). The medical records provided for review reveals that Sacroiliac Joint Injection to treat the Lumbar Spine is not medically necessary or appropriate.

#### **MRI of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The medical records provided for review reveals that Sacroiliac Joint Injection to Treat. The Lumbar Spine is not medically necessary and appropriate. The MTUS does not recommend imaging except in cases with unequivocal objective findings that identify specific nerve compromise on the neurologic examination or in patients who do not respond to treatment and who would consider surgery an option. The medical records did not reveal any evidence of neurological loss or radiculopathy neither is the injured worker being considered for surgery. Therefore, the request for MRI of The Lumbar Spine without Contrast is not medically necessary.

**12 Physical therapy visits over 6 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The medical records provided for review reveals that Sacroiliac Joint Injection to Treat the Lumbar Spine is not medically necessary and appropriate. The MTUS Physical Medicine Guidelines recommends a fading treatment of 8-10 visits over a 4-8 week period followed by home exercise program. Therefore, the request for 12 Physical therapy visits over 6 weeks for the lumbar spine.