

Case Number:	CM14-0154117		
Date Assigned:	09/23/2014	Date of Injury:	04/21/1997
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 04/21/1997. The diagnosed included sciatica. The mechanism of injury, diagnostic studies and surgical history were not provided. Other therapies included physical therapy. The documentation of 07/31/2014 revealed the injured worker had ongoing low back and neck pain with chronic migraine pain. The injured worker's medications included ibuprofen 800 mg per day alternating with Tylenol Extra Strength. The injured worker was noted to have gone through rehabilitation in a pain management clinic, where they weaned her off all of her medications. The review of systems revealed the injured worker complained of depression and anxiety. The physical examination revealed tenderness at the lumbar spine and facet joint in the spine, ribs, and pelvis. The injured worker had crepitus, decreased flexion and extension, and decreased lateral bending and decreased rotation. The injured worker had tender bilateral sacroiliac joints. There was tenderness at the joint line and greater trochanter bilaterally. There was crepitus, decreased flexion, pain with flexion, and decreased extension with range of motion. The treatment plan included bilateral SI joint triple block, left side first, an SI Boa belt with physical therapy for neck and low back pain, neck x-rays and bilateral hip x-rays, as well as a pain psychologist for chronic pain and depression. There was no Request for Authorization or rationale submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per Week times 6 Weeks (12) Total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Summary last updated 8/22/2014

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

Decision rationale: The California MTUS Guidelines recommend physical medicine as a treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had utilized physical therapy. There was a lack of documentation of objective functional benefit and remaining functional deficits to support the necessity for ongoing therapy. There was a lack of documentation of objective functional benefit from prior sessions and the quantity of sessions previously attended. The request for 12 sessions of physical therapy is excessive. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for physical therapy 2 times a week x 6 weeks, 12 total, is not medically necessary.

Bilateral SI Joint Triple Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: TWC Hip & Pelvis Procedure Summary last Updated 3-25-14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis Chapter, Sacroiliac joint blocks

Decision rationale: The Official Disability Guidelines recommends sacroiliac joint blocks when the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings including the 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 diagnostic evaluation must first address any other possible pain generators and there should be documentation that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including Physical therapy, home exercise and medication management. The clinical information submitted for review failed to indicate the injured worker had 3 positive examination findings and that the diagnostic evaluation first addressed other possible pain generators, and there was a lack of documentation indicating the injured worker had trialed and failed at least 4 to 6 weeks of aggressive conservative therapy. Additionally, the request as submitted failed to indicate what specific injections were included in a triple block. There was a lack of documented rationale. Given the above, the request for bilateral SI joint triple block is not medically necessary.

SI Boa Belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: TWC Hip & Pelvis Procedure Summary last updated 3-25-2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the injured worker needed an SI Boa belt; however, there was a lack of documentation indicating instability in the spine. There was a lack of documented rationale. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for SI Boa belt is not medically necessary.