

<b>Case Number:</b>	CM14-0210162		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Physical Medicine & Rehabn

### 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 patient is a 61-year-old female with date of injury of 01/04/2011. The listed diagnoses from 10/07/2014 are: 1. Sacroiliitis, not elsewhere classified. 2. Long-term (current) use of other medications. According to this report, the patient complains of back pain. The patient is status post right sacroiliac joint injection with steroid under fluoroscopic guidance performed on 09/18/2014. The patient reported 50% pain relief. Her current pain is 7/10 and describes it as aching and sharp in the right buttock shooting down the right leg with associated numbness, burning, and tingling. The patient has utilized physical therapy, massage therapy, chiropractic treatments, and acupuncture which provided partial, brief or temporary relief. Examination shows Patrick's test is positive on the right. Sacroiliac tenderness is present on the right. Pain and tenderness is present in the SI joint mostly on the right. Facet tenderness is present on the lumbar spine. Axial loading of the lumbar spine worsens the pain. Range of motion is decreased due to pain especially upon extension in the lumbar spine. Pain and tenderness is present in the left lumbar spine. Pinprick reveals no dermatome hyperalgesia on the right. Muscle strength is 5/5. Reflexes are 2/4. Treatment reports from 05/01/2014 to 10/07/2014 were provided for review. The utilization review modified the request for the x-ray of the sacroiliac joints and denied the request for water-based physical therapy on 12/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water based Physical Therapy; sacroiliac joint quantity 12.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy; physical medicine Page(s): 22, 98 and 99.

**Decision rationale:** This patient presents with back pain. The patient is status post right sacroiliac joint injection from 09/18/2014. The provider is requesting Water-Based Physical Therapy sacroiliac joint quantity 12. The MTUS Guidelines page 22 recommends aqua therapy as an option for a land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS Guidelines page 98 and 99 on physical medicine states those 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any previous aqua therapy reports. The report making the request is missing. While physical therapy following SI joint injection is appropriate for the patient, there is no discussion about weight bearing issues. Furthermore, the requested 12 sessions exceeds MTUS recommended 8 to 10 visits for various myalgias and neuralgias. The request is not medically necessary.

**X-Ray of Sacroiliac Joints: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, X-rays

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvic chapter under x-ray.

**Decision rationale:** This patient presents with back pain. The patient is status post right sacroiliac joint injection from 09/18/2014. The provider is requesting an X-ray of the sacroiliac joints. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the hip and pelvic chapter under x-ray states, "Recommended. Plain radiographs x-rays of the pelvis should routinely be obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of development of hip osteoarthritis...plain radiographs are usually sufficient for diagnosis of hip fractures as they are at least 90% sensitive." The 08/20/2014 report notes that the patient complains of coccyx and sacrum pain with radiation down the leg. Groin pain continues occasionally while walking. The 10/07/2014 report shows a positive Patrick's test on the right. Sacroiliac tenderness is present on the right. Pain and tenderness is present in the SI joint mostly on the right. In this case, given the patient's clinical findings, an x-ray of the sacroiliac joint is supported by the ODG Guidelines. The request is medically necessary.

