

<b>Case Number:</b>	CM15-0001476		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported an injury on 11/04/2011. The mechanism of injury was not provided. On 11/25/2014, the injured worker presented with pain to the right sacroiliac area, more noticeable with activity, rated 5/10-6/10 and relieved by Norco. Diagnosis was sacroiliac sprain/strain, ligament disruption and instability at multiple sites. Upon examination, the range of motion values for an unspecified body part revealed 60 degrees of flexion, 10 degrees of extension, which causes right buttock pain and bilateral rotation of 45 degrees. The treatment plan included Norco, physical therapy, prolotherapy, and Class IV laser. There was no rationale provided. The Request for Authorization form was dated 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the low back, 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): (s) 98-99.

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

**Decision rationale:** The request for physical therapy for the low back 2 times a week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend active therapy and state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There is no information on prior therapies the injured worker underwent and the efficacy of those therapies. Additionally, lack of documentation submitted for review of objective functional deficits noted to the low back. As such, medical necessity has not been established.

**Prolotherapy for the SI joint and ligaments, 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The requested Prolotherapy for the SI joint and ligament 1 time a week for 6 weeks is not medically necessary. The California MTUS/ACOEM Guidelines state that prolotherapy injections is not recommended for all chronic lumbar spine disorders. There is lack of deficit noted to the SI joint ligaments on physical exam. Additionally, prolotherapy is not recommended by the evidence-based guidelines. As such, medical necessity has not been established.