

<b>Case Number:</b>	CM15-0018223		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 7/14/06. She has reported back injury. The diagnoses have included lumbar herniated nucleus pulposus, low back syndrome, sciatica and sacroiliac ligament sprain/strain. Treatment to date has included acupuncture and oral medications. Currently, the injured worker complains of intolerable low back pain with increase in symptoms. Progress note dated 10/15/14 stated the injured worker noted chiropractic therapy provided some benefit. Physical exam noted decreased range of motion of lumbar spine and tenderness with spasm to lower lumbar paravertebral area. On 1/19/15 Utilization Review non-certified physical therapy lumbar spine 2 times a week for 4 weeks and left SI joint injection under fluoroscopy and sedation, noting they are not medically necessary (she has had physical therapy in the past and it is not clear what is needed that would not be available in a home exercise program and the previous SI injection did not clearly state it provided at least 6 weeks of 70% or better pain relief). The MTUS, ACOEM Guidelines, was cited. On 1/26/15, the injured worker submitted an application for IMR for review of physical therapy lumbar spine 2 times a week for 4 weeks and left SI joint injection under fluoroscopy and sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Physical Therapy lumbar spine 2x4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker had completed physical therapy already for her injury from 9 years ago. There by now should have been some instruction on how to successfully perform home exercises to be able to continue the benefit from unsupervised. There was no evidence found in the documents to suggest the worker was unable to perform home exercises or required supervision for some reason. Therefore, the additional supervised physical therapy will be considered medically unnecessary.

**Left SI Joint Injection under Fluoroscopy and Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter

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

**Decision rationale:** The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's 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, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a

maximum of four times over a period of one year is recommended. In the case of this worker, although it appeared that she had previous sacroiliac joint injections, there was no report found in the documents to show how the worker responded to these to be able to support the request for this repeat injection. Therefore, due to the records not displaying evidence of a reduction in pain by at least 70% for at least 6 months, the "left SI joint injection under fluoroscopy and sedation" will be considered medically unnecessary.