

Case Number:	CM15-0113329		
Date Assigned:	06/19/2015	Date of Injury:	02/27/2014
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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, New York, California
 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 applicant is a represented 49-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of February 27, 2014. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve requests for a sacroiliac joint injection under fluoroscopy and 16 sessions of physical therapy. The claims administrator referenced a May 29, 2015 RFA form and progress notes of May 28, 2015 and April 16, 2015 in its determination. The applicant's attorney subsequently appealed. The bulk of the progress notes in the IMR packet were, by and large, physical therapy progress notes. On June 16, 2015, the applicant received physical therapy modalities to include mobilization, stretching, and cryotherapy. The applicant apparently had tenderness in various regions, including the iliotibial band as well as the sacroiliac region, it was reported. In a June 2, 2015 physical therapy progress note, the treating therapist stated that the applicant's attending provider wished to pursue diagnostic SI joint injections. On May 20, 2015, it was acknowledged that the applicant had multiple pain generators, including the low back, the gluteus musculature, and the hip. The applicant's work and functional status were not outlined. A survey of the notes on file suggested that the applicant had had numerous physical therapy treatments between November 11, 2014 and June 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip SI joint cortisone injection under fluoro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis (Acute & Chronic) (updated 10/09/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg 6111.

Decision rationale: No, the request for a right hip sacroiliac joint injection under fluoroscopy was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in applicants with chronic nonspecific low back pain, as was/is present here but, rather, should be reserved for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, there was no evidence that the applicant in fact carried a diagnosis of rheumatologically proven spondyloarthropathy implicating the SI joints. There was no evidence that the applicant had rheumatoid issues implicating the SI joints. Rather, all evidence on file pointed to the applicant's having nonspecific low back and hip pain with multiple pain generators to include the iliotibial bands, gluteus musculature, etc. Therefore, the request is not medically necessary.

Physical therapy 2x8 right hip at Elite Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Similarly, the request for 16 sessions of physical therapy for the hip was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of nine to ten sessions of physical therapy for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the most recent note on file was a June 18, 2015 physical therapy progress note. The request for additional physical therapy, thus, appeared to have been initiated by the treating therapist, without an intervening office visit with the attending provider so as to assess program progression and/or functional improvement. The applicant's work status, functional status, and response to earlier treatment in terms of the functional improvement parameters established in MTUS 9792.20e were not clearly articulated or set forth either by the treating therapist or by the attending provider. Therefore, the request is not medically necessary.