MAXIMUS Federal Services

Case Number:	CM15-0114501		
Date Assigned:	06/22/2015	Date of Injury:	09/12/2002
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male injured worker suffered an industrial injury on 09/12/2002. The diagnoses included lumbar degenerative disc disease, lumbar radiculitis and facet degenerative joint disease. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with lumbar fusion, medication and water therapy. On 5/26/2015, the treating provider reported back pain that was moderate to severe along with radiation to both legs. On exam, there was lumbar tenderness with spasms and tripper points along with reduced range of motion. The treatment plan included sacroiliac joint injection and Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in September 2002 and continues to be treated for radiating back pain. The primary treating provider documents decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. A normal neurological examination is documented. The claimant is noted to have undergone an L5-S1 fusion in September 2014. The requesting provider's documentation was not provided for review. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, there are no reported physical examination findings of sacroiliac joint mediated pain by the primary treating provider and the requesting provider's documentation was not provided for review. The claimant has undergone a lumbar fusion to the sacrum and may have pain from the sacroiliac joint. However, the request is not medically necessary.

Physical therapy 3 x a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2002 and continues to be treated for radiating back pain. The primary treating provider documents decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. A normal neurological examination is documented. The claimant is noted to have undergone an L5-S1 fusion in September 2014. The requesting provider's documentation was not provided for review. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be expected to reestablish or revise a home exercise program. The request is not medically necessary.