

Case Number:	CM15-0178297		
Date Assigned:	09/18/2015	Date of Injury:	04/19/1998
Decision Date:	10/22/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

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 62 year old male who sustained an industrial injury April 19, 1998. Past history included lumbar L4-5, L4-S1 fusion February 2013. According to a comprehensive orthopedic evaluation dated August 3, 2015, the injured worker presented with complaints of pain along the right lower back with occasional radiation down his leg (unspecified) laterally. He denies any lower extremity paresthesias or weakness. He reports gaining weight as the pain is interfering with exercise. Physical examination revealed lumbar spine- healed incisional scar, palpation produces mild tenderness along the right SI (sacroiliac joint), negative facet loading bilaterally, no spasms palpated, full range of motion and strength in the lower extremities. Impression is documented as right sacroilitis; status post lumbar effusion L4-5, L5-S1. The injured worker reported he has had multiple cortisone injections into the SI joint with noticeable relief, but lasting only a few days to weeks at a time. He also reported a radiofrequency ablation of the SI joint which provided relief (unspecified). At issue, is the request for authorization dated August 6, 2015 for 12 sessions of physical therapy, lumbar spine and one (1) platelet rich plasma injection right SI joint with fluoroscopic guidance. An AP view x-ray pelvis, frog-leg view right hip x-ray taken in the clinic August 3, 2015, and reviewed by the treating orthopedic physician who documented; "the presence of intact femoroacetabular joint spacing, hardware is seen in the lower lumbar levels consistent with effusion". According to utilization review dated August 11, 2015, the request for (1) platelet rich plasma injection, right sacroiliac joint with fluoroscopic guidance between August 6 and November 5, 2015, is non-certified. The request for 12 Physical

therapy sessions, lumbar spine between August 6, 2015 and November 5, 2015, was modified to a certification for 6 physical therapy sessions, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) platelet rich plasma injection- right sacroiliac joint with fluoroscopic guidance:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PRP injections, hip, low back.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG does not recommend PRP injections for the low back and has limited benefit for the treatment of osteoarthritis of the hip. This is based on limited efficacy when compared to placebo. The patient has not failed all available conservative and first lien therapy. Therefore the request is not medically necessary.

12 physical therapy sessions: lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS.

(Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.