

<b>Case Number:</b>	CM15-0060973		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Illinois

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 injured worker is a 37 year old female who sustained an industrial injury on 4/25/13 the result of cumulative work activities. She experience pain in bilateral upper extremities, neck pain with pain radiating into upper and lower back with numbness and tingling in both hands and radiation from the neck to upper extremities. She currently complains of pain in the right side of the neck with radiation into upper back along her shoulder blades with intermittent radiation into the right upper extremity. She has numbness and tingling in her hands. She has low back pain with radiation into the right leg down to the ankle. Medications are Duexis, Lidoderm patch, Capsaicin cream, Celebrex, Cymbalta. Her activities of daily living are limited due to pain. Diagnoses include chronic cervical strain with bilateral trapezius myofascial pain; thoracic strain with myofascial pain; lumbar strain with right radicular symptoms; bilateral upper extremity repetitive strain injury, right greater than left; de Quervain's tenosynovitis, bilateral; medial and lateral epicondylitis with associated flexor and extensor tendinitis, bilaterally; chronic pain syndrome; adjustment disorder with mixed anxiety and depressed mood. Treatments to date include medications, home stretching exercise, physical therapy, acupuncture with temporary relief; pool therapy. Diagnostics include electromyography and nerve conduction studies of the bilateral upper extremities (9/4/13) which were normal; MRI lumbar spine (7/14/14) shows underlying degenerative disc disease; electrodiagnostic study (9/18/14) to evaluate for lumbosacral radiculopathy which was normal; MRI of the cervical spine (10/1/14) with abnormal results. In the progress note dated 2/12/15 the treating provider's plan of care includes a request for sacroiliac joint belt, as she has tried it over the course of this visit with noted increased

stability of the joint and more comfort; 8 sessions of therapeutic yoga for back with meditative component for anxiety and mood; trial of Kinesiotape to stabilize the sacroiliac joint.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Sacroiliac joint belt: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 308 respectively. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac support belt.

**Decision rationale:** The injured worker sustained a work related injury on 4/25/13. The medical records provided indicate the diagnosis of chronic cervical strain with bilateral trapezius myofascial pain; thoracic strain with myofascial pain; lumbar strain with right radicular symptoms; bilateral upper extremity repetitive strain injury, right greater than left; de Quervain's tenosynovitis, bilateral; medial and lateral epicondylitis with associated flexor and extensor tendinitis, bilaterally; chronic pain syndrome; adjustment disorder with mixed anxiety and depressed mood. Treatments to date include medications, home stretching exercise, physical therapy, acupuncture with temporary relief; pool therapy. The medical records provided for review do not indicate a medical necessity for 1 Sacroiliac joint belt. The MTUS is silent on sacroiliac joint belt, but recommends against the use of back support; the Official Disability Guidelines recommends the use of sacroiliac joint belt in cases of sacroiliac joint dysfunction. The records reviewed do not indicate the injured worker has been diagnosed of sacroiliac Joint dysfunction. Therefore, the request is not medically necessary.

### **8 Therapeutic yoga sessions for the back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Yoga.

**Decision rationale:** The injured worker sustained a work related injury on 4/25/13. The medical records provided indicate the diagnosis of chronic cervical strain with bilateral trapezius myofascial pain; thoracic strain with myofascial pain; lumbar strain with right radicular symptoms; bilateral upper extremity repetitive strain injury, right greater than left; de Quervain's tenosynovitis, bilateral; medial and lateral epicondylitis with associated flexor and extensor tendinitis, bilaterally; chronic pain syndrome; adjustment disorder with mixed anxiety and depressed mood. Treatments to date include medications, home stretching exercise, physical

therapy, acupuncture with temporary relief; pool therapy. The medical records provided for review do not indicate a medical necessity for 8 Therapeutic yoga sessions for the back. The MTUS and the Official Disability Guidelines recommend yoga only for very motivated patients and that the request must be made by the patient. The records do not indicate the injured worker had requested for yoga, rather, the provider made the request for the patient. Therefore, the request is not medically necessary.

**1 Trial of kinselo tape:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Kinesio tape (KT).

**Decision rationale:** The injured worker sustained a work related injury on 4/25/13. The medical records provided indicate the diagnosis of chronic cervical strain with bilateral trapezius myofascial pain; thoracic strain with myofascial pain; lumbar strain with right radicular symptoms; bilateral upper extremity repetitive strain injury, right greater than left; de Quervain's tenosynovitis, bilateral; medial and lateral epicondylitis with associated flexor and extensor tendinitis, bilaterally; chronic pain syndrome; adjustment disorder with mixed anxiety and depressed mood. Treatments to date include medications, home stretching exercise, physical therapy, acupuncture with temporary relief; pool therapy. The medical records provided for review do not indicate a medical necessity for 1 Trial of kinselo tape. The MTUS is silent on it, but the Official Disability Guidelines states it is understudy for the treatment of the neck, but not recommended for ankle, knee and shoulder; there is no mention of its use for the back. Therefore, the request is not medically necessary.