

Case Number:	CM15-0078470		
Date Assigned:	04/29/2015	Date of Injury:	02/03/2005
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

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 injured worker is a 48 year old female who sustained an industrial injury on 02/03/2005. Current diagnoses include disorder of sacrum, arthralgia of the pelvic region and thigh, lumbosacral spondylosis without myelopathy. Previous treatments included medication management, and sacroiliac joint injection in 01/2015. Report dated 04/06/2015 noted that the injured worker presented with complaints that included left sided pain at sacroiliac joint. Physical examination was positive for abnormal findings. The physician noted that the injured worker had months of relief from the previous injection, noting that the pain reduced from 9 out of 10 to 0 out of 10. The treatment plan included recommendation for repeat injection due to re-occurrence of pain in the left sacroiliac joint, and recommendation for massage and deep tissue massage. Disputed treatments include repeat left sacroiliac joint injection and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/hip.htm>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for repeat sacroiliac joint injections, ACOEM and CA MTUS do not have guidelines regarding this request. The ODG states the following; "In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks." Within the documentation available for review, the patient had left sacroiliac joint injection in January 2015. A note from April 2015 documents that on the day of injection there was elimination of pain. However, the percentage reduction for 6 weeks is not clearly documented as > 70% reduction. While having a 100% percent reduction on the day of the procedure is noted, the percentage reduction over the next 6 weeks is less clear from the submitted notes. In the absence of such documentation, the currently requested repeat sacroiliac joint injection is not medically necessary.

Massage therapy for lumbar x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 58-60.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Therefore, if this is an initial trial then only 6 visits are warranted. The IMR process cannot modify requests, and therefore the currently requested massage therapy is not medically necessary.