

Case Number:	CM15-0078976		
Date Assigned:	04/30/2015	Date of Injury:	07/02/2014
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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 52 year old male, who sustained an industrial injury on 7/02/2014. Diagnoses include lumbar radiculitis, degenerative disc disease and disc bulging, mild at L4-5, more severe at L5-S1, left lumbosacral radiculopathy/radiculitis secondary to above and right worse than left SIJ pain/dysfunction. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, and physical therapy and epidural steroid injections (3/11/2015). Per the Interventional Spine Consult dated 3/27/2015, the injured worker reported low back and left leg pain. He reported low back pain that was aching and burning with radiation into the buttock and posterior thighs more on the right. Pain is rated as 6/10 on a subjective scale and he reported 60% improvement since his last visit. Physical examination of the spine revealed lumbar spine pain reproduced with forward flexion and left lateral bending. There was tenderness to palpation along the sacroiliac joints. The plan of care included surgical intervention and authorization was requested for right and left sacroiliac joint injections and postop injection physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvic Chapter.

Decision rationale: According to the Official Disability Guidelines, criteria for the use of sacroiliac blocks includes: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings) 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The guidelines note that positive diagnostics include Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillett's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The guidelines also state that there should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. In this case, the medical records do establish positive physical examination findings supporting sacroiliac joint mediated pain. The medical records also do not establish failure of 4-6 weeks for aggressive conservative therapy such as localized icing. The request for Right Sacroiliac Joint Injection is not medically necessary and appropriate.

Left Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvic Chapter.

Decision rationale: According to the Official Disability Guidelines, criteria for the use of sacroiliac blocks includes: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings) 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The guidelines note that positive diagnostics include Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillett's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The guidelines also state that there should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. In this case, the medical records do establish positive physical examination findings supporting

sacroiliac joint mediated pain. The medical records also do not establish failure of 4-6 weeks for aggressive conservative therapy such as localized icing. The request for Right Sacroiliac Joint Injection is not medically necessary and appropriate.

Postop Injection Physical Therapy QTY: 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, 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. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The request for post op injection physical therapy is not supported as the request for injection physical therapy has not been deemed medically necessary. In addition, the request for 24 sessions of physical therapy far exceeds the amount recommended by the MTUS guidelines. The request for Postop Injection Physical Therapy QTY: 24 is not medically necessary and appropriate.