MAXIMUS Federal Services

| Case Number: | CM13-0043986 | | |
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| Date Assigned: | 04/25/2014 | Date of Injury: | 07/10/2011 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

## 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 54 year old woman who sustained a work related injury on July 10, 2011. Subsequnetly, she developed a chronic right sacroiliac pain. The patient had a lumbar MRI performed on January 5, 2012, which demonstrated mild degeneration disc disease at L4-5 with multiple facet spondylosis. According to a note dated on June 12, 2013, the patient reported increasing pain in the sacroiliac joint. The patient had a sacroiliac injection on September 10, 2013, with only 20-30% pain relief. Previous medial branch block perfomed in 2012 did not show a benefit. The provider requested authorization of a right sacroiliac injection and H wave therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SACROILIAC JOINT INJECTIONS WITH FLUOROSCOPY AND FOLLOW UP VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - H-wave Stimulation (HWT) and TENS, Transcutaneous Electrical Nerve Stimulation.

**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 RADIOFREQUENCY NEUROTOMY

(HTTP://WORKLOSSDATAINSTITUTE.VERIOIPONLY.COM/ODGTWC/HIP.HTM#SACROILIACJOINTRADIOFREQUENCYNEUROTOMY).

**Decision rationale:** The guidelines state that the use of SI injections has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. In this case, there is no documentation of benefit from a previous sacroiliac joint injections and block. There no objective quantification of the effect of pain medications used to treat the patient's condition. Therefore, the request for right sacroiliac joint injections with fluoroscopy and follow up visit is not medically necessary.

**H-WAVE FOR HOME USE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES H WAVE STIMULATION Page(s): 117.

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommanded in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no support for its use in radicular pain.There is no documentation that the request of H wave device is prescribed with other pain management strategies. Futhermore, there is no clear evidence for the need of H wave therapy. There is no documentation that the patient tried and failed conservative therapy. There is no documentation of failure of first line therapy and conservative therapies, including pain medications and physical therapy. Therefore, a Home H wave device is not medically necessary.