

<b>Case Number:</b>	CM13-0069089		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Internal 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 51-year-old female who reported injury on 08/04/2011. The mechanism of injury was the patient was pulling/lifting a trash can with liquid, which weighed approximately 50 pounds, out of a gurney into another gurney. The documentation of 11/19/2013 revealed that the patient had a positive sacroiliac tenderness, Faber's and Patrick's test, sacroiliac thrust test, and Yeoman's test bilaterally. The patient had diffuse tenderness over the paraspinal musculature of the lumbar spine and had moderate facet tenderness at L4-S1. The sensory examination was intact to pain, temperature, light touch, vibration, and 2-point discrimination in all dermatomes. The patient's bilateral myotomal testing was within normal limits, and the lower extremity reflexes were 2+ bilaterally. The patient's diagnoses were noted to include low back pain and bilateral sacroiliac joint arthropathy. The patient's medications included Tylenol No. 3 and Norco. The treatment recommendations were an authorization for bilateral sacroiliac joint injections, electrical muscle stimulation unit 30 day trial for home use, and urine toxicology. The documentation indicated the patient's last urine drug screen was in 08/2012 and was being requested to ensure the patient's compliance with medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE BILATERAL SACROILIAC JOINT INJECTION:** Overturned

**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) Hip & Pelvis Chapter, section on Sacroiliac Joint Injections.

**Decision rationale:** The Official Disability Guidelines recommend sacroiliac blocks when the patient has 3 positive examination findings including a Patrick's test, Gaenslen's test, thigh thrust test, pelvis distraction test, pelvic rock test, and sacroiliac shear test. Additionally, there must be documentation that the patient had trialed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercises, and medication management. The documentation indicated the patient had a positive Faber test. In rebuttal, the physician indicated the patient had a positive Gaenslen's test, sacroiliac tenderness, Faber's/Patrick's test, sacroiliac thrust test, and Yeoman's test to support the need for the injections. It was indicated the patient had continuously performed home exercises for more than 6 months and had been taking analgesics such as Norco and Tylenol 3. Given the above and the documentation of exceptional factors, the request for 1 bilateral sacroiliac joint injection is medically necessary.

**ONE ELECTRICAL MUSCLE STIMULATION UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on TENS and Neuromuscular electrical stimulation (NMES devices) Page(s): 115-116,121.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend a 1-month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried and failed. The MTUS Chronic Pain Guidelines do not recommend neuromuscular electrical stimulation, as there is no evidence to support its use in chronic pain. Clinical documentation submitted for review indicated that the patient was utilizing a home exercise therapy. There was a lack of documentation indicating the appropriate pain modalities had been trialed and failed. The request as submitted failed to indicate the duration and use and whether the unit was for rental or purchase. Additionally, it failed to indicate whether the unit was for a TENS unit or an NMES unit. As such, there was a lack of clarity. Given the above, the request for 1 electrical muscle stimulation unit is not medically necessary.

**ONE URINE DRUG TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend urine drug screens for patients who have documented issues of abuse, addiction, or poor pain control. Clinical documentation submitted for review indicated the patient had a prior urine drug screen. There was a lack of documentation indicating that the patient had issues of abuse, addiction, or poor pain control. Given the above, the request for 1 urine drug screen is not medically necessary.