

<b>Case Number:</b>	CM14-0016269		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/05/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family 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:

This is a 33 years old female patient who sustained an injury on 4/5/2006. She sustained the injury when she was assisting a co-worker in pulling two gurneys that were stuck together and repeatedly jerked the gurneys with great force, experiencing sharp pain in her back radiating to the left buttock, hip and lower extremity. The current diagnoses include lumbar disc disease, left sacroiliac joint arthropathy and left piriformis syndrome. Per the doctor's note dated 1/15/14, she had complaints of low back pain, left side greater than right, with radiation to the buttocks into the knees with numbness and tingling sensation. The physical examination revealed antalgic gait to the right, diffuse tenderness noted over the lumbar paravertebral musculature, moderate facet tenderness from L4 to S1, positive piriformis tenderness and stress test on the left side, positive sacroiliac tests on the left side, positive straight leg raising test on the left side, lumbar spine range of motion- flexion 40, extension 5 and right/left lateral bending 15/15 degrees; normal bilateral hip range of motion, 5/5 strength, intact sensation and 2+ deep tendon reflexes in bilateral lower extremities. The medications list includes MS Contin, Norco, baclofen, fioricet, compazine, Topamax, Pro-Air and Gabapentin. Her surgical history includes gallbladder surgery, kidney stone surgery, appendectomy, gastric bypass and three right knee surgeries. She has had left sacroiliac joint radiofrequency rhizotomy on 3/3/2009 and two lumbar facet injections. She has had urine drug screen on 12/30/13 which was inconsistent for benzodiazepine and barbiturates. She has had lumbar MRI and electrodiagnostic studies on 4/24/2008. She has had physical therapy visits and weight loss program for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **LEFT SACROILIAC JOINT RHIZOTOMY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Hip & Pelvis (updated 10/09/14) Sacroiliac joint radiofrequency neurotomy

**Decision rationale:** ACOEM and CA MTUS do not specifically address this request. Per the cited guidelines Sacroiliac joint radiofrequency neurotomy is "Not recommended. Multiple techniques are currently described: 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. Recent research: Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. (Cohen, 2008)." Therefore, there is no high grade scientific evidence to support the sacroiliac joint rhizotomy for this diagnosis. In addition, she has already had left sacroiliac joint radiofrequency rhizotomy on 3/3/2009. Response to this previous injection in terms of decreased medications need and increased functional improvement is not specified in the records provided. Response to other non-surgical previous conservative therapy is not specified in the records provided. The medical necessity of Left Sacroiliac Joint Rhizotomy is not fully established for this patient.

## **URINE TOXICOLOGY SCREENING: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medications list includes MS contin, Norco, Baclofen, Fioricet, compazine, Topamax, Pro-Air and Gabapentin. Norco and MSContin are opioids. She has had a urine drug screen on 12/30/13 which was inconsistent for benzodiazepine and barbiturates. It is medically appropriate and necessary to perform a urine drug screen to monitor for the presence of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The urine toxicology screening is medically appropriate and necessary.

## **INTERFERENTIAL UNIT PURCHASE FOR HOME USE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 120

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Per the cited guideline "While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction."There is no evidence of failure of conservative measures like PT for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided.The medical necessity of interferential unit purchase for home use is not fully established for this patient.