

Case Number:	CM14-0111231		
Date Assigned:	08/01/2014	Date of Injury:	06/21/2011
Decision Date:	10/02/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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:

The injured worker is a 60 year old female medical assistant whose date of injury is 06/21/11 when her chair broke and she fell, striking her right shoulder against the desk and landing on her buttocks. She is status post right shoulder arthroscopic rotator cuff repair and acromioplasty done 08/29/12. The records reflect that the injured worker also has low back pain with associated right lower extremity radicular symptoms. Examination of the lumbar spine on 03/07/14 revealed tenderness to palpation over the lumbosacral junction, bilateral paravertebral musculature with hypertonicity/muscle guarding and right sciatic notch, straight leg raise is positive on the right with right lower extremity radicular component; left side straight leg raise elicits increased low back pain, lumbar range of motion demonstrated flexion to 42 degrees, extension 11, right side bending 13, and left side bending 12, sensation is decreased in the right L5 and S1 dermatome. The injured worker underwent right L3 to L4 and L4 to L5 epidural steroid injection on 03/17/14. Progress report dated 04/17/14 noted the injured worker had eighty percent improvement with epidural steroid injection (ESI). Her left radicular symptoms have gradually returned. She is taking Fexmid and Norco. The injured worker subsequently underwent repeat epidural steroid injection on 05/19/14. The injured worker was seen on 06/18/14. She currently complains of low back pain and pain in the right sacroiliac (SI) joint area with spasm. She reports resolution of radicular symptoms. The injured worker states that she felt seventy percent better for about two days after the second injection and fifty percent improvement thereafter but her symptoms gradually returned. Physical examination reported antalgic gait to the right; heel toe walk exacerbated on the right, diffuse tenderness over the lumbar paravertebral musculature with spasm noted right greater than left, palpation of the right piriformis elicits reproduction of pain to sciatica, moderate facet tenderness from L4 to S1, Piriformis tests were positive on the right, sacroiliac tenderness on the right, with positive Fabere's, positive thrust, and positive

Yeoman's, and Kemp's test was positive bilaterally. The injured worker was recommended to undergo right SI joint injection along with right piriformis injection. An electronic muscle stimulator unit also was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Sacroiliac Joint injection wit the right piriformis cortisone injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks; Piriformis injections

Decision rationale: Per Official Disability Guidelines (ODG), sacroiliac blocks are recommended as an option if failed at least four to six weeks of aggressive conservative therapy as indicated below. There should be at least three positive exam findings consistent with sacroiliac (SI) joint dysfunction; other possible pain generators have been addressed; and the patient has had and failed at least four to six weeks of aggressive conservative care including physical therapy, home exercise program and medication management. Piriformis injections are recommended after a one month physical therapy trial. While it appears that the injured worker has findings consistent with SI joint dysfunction as well as positive findings of piriformis syndrome, there is no documentation that the injured worker has had any recent conservative therapy such as physical therapy and home exercise program. As such, medical necessity is not established for right sacroiliac joint injection wit the right piriformis cortisone injection.

Transcutaneous electrical nerve stimulation (TENS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) specifies criteria for transcutaneous electrical nerve stimulation (TENS) unit which includes: chronic intractable pain with documentation of at least three months duration; evidence that other appropriate pain modalities have been tried and failed; documentation of a one month trial period of TENS (as an adjunct to ongoing treatment modalities/functional restoration) showing frequency of usage and outcomes in terms of pain relief and functional improvement. As noted above, there is no documentation that the injured worker has participated in physical therapy/home exercise program. The records indicate that a one month home trial of TENS was certified on 02/14/14; however, there is no documentation provided demonstrating the efficacy

of this treatment/trial. Based on the clinical information provided, medical necessity is not established for transcutaneous electrical nerve stimulation (TENS).