

<b>Case Number:</b>	CM14-0128241		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/02/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on April 2, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of low back pain as well as cervical spine pain radiating to the left arm. The physical examination demonstrated diffuse tenderness over the lumbar spine paravertebral muscles and the left greater trochanteric. Spasms were noted and there was decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a two lumbar spine epidural steroid injections, physical therapy, chiropractic care, oral medication, and a home exercise program. A request had been made for a bilateral sacroiliac joint injection, a cervical traction unit for home use, and a 30 day trial of inferential unit for home use and was not certified in the pre-authorization process on July 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral sacroiliac joint injection, along with a left intraarticular injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**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, Updated March 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for a sacroiliac joint blocks include the history and physical which suggests the sacroiliac joint diagnosis with at least three positive exam findings as listed. A review of the progress note dated June 20, 2014, only lists one of the required sacroiliac joint tests. Considering this, this request for a bilateral sacroiliac joint injection along with a left intra-articular injection is not medically necessary.

**1 cervical traction unit for home use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Traction, August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines a home traction unit which is patient controlled using an open this door seated device or supine device is recommended for patients with radicular symptoms in conjunction with a home exercise program. However the progress note dated June 20, 2014 does not indicate any radicular findings in the upper extremities. Considering this, the request for cervical traction unit for home use is not medically necessary.

**30 day trial of interferential unit for home use:** Upheld

**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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120.

**Decision rationale:** The California MTUS Guidelines do not support Interferential Therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. A review of the available medical records fails to document any evidence that the injured employees pain is ineffectively controlled by oral pain medications. Therefore this request for a 32 trial of an inferential unit for home usage is not medically necessary.