MAXIMUS Federal Services

Case Number:	CM14-0073787		
Date Assigned:	07/16/2014	Date of Injury:	04/09/2009
Decision Date:	12/31/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who was injured at work on 04/09/2009. She is reported to be complaining of low back pain that goes down both hips. The pain is constant, 8/10 in severity, worse with driving, but improves with rest. The physical examination revealed inability to do toe and heel walk; tenderness to palpation of the lumbosacral and the bilateral sacroiliac regions; limited range of motion; decreased sensations in the bilateral L4-L5, and L5-S1 areas; mild weakness of the L4-L5 areas; positive straight leg test and positive Patrick's test bilaterally. The worker has been diagnosed of sacroilitis, Lumbago, Lumbar radiculopathy, Lumbar stenosis. Treatments have included knee surgery, physical therapy, knee injection, Norco, and Flexeril. At dispute are the requests for S1- Sacroiliac Joint Injection, and Purchase of Tens unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1- Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis, Sacroiliac Joint Blocks

Decision rationale: The injured worker sustained a work related injury on 04/09/2009. The medical records provided indicate the diagnosis of sacroilitis, Lumbago, Lumbar radiculopathy, Lumbar stenosis. Treatments have included knee surgery, physical therapy, knee injection, Norco, and Flexeril. The medical records provided for review do not indicate a medical necessity for S1- Sacroiliac Joint Injection.The MTUS summarized the recommendations for low back complaints in Table 12-8, but made no mention of sacroiliac joint injections. However, the Official Disability Guidelines recommends Sacroiliac Joint injection if there are at least three diagnostic signs in the examination. Therefore, since the records reviewed indicate the injured worker has only one positive diagnostic sign, the recommended treatment is not medically necessary and appropriate.

Purchase of TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), (Sacroiliac joint injections (SJI)).

Decision rationale: The injured worker sustained a work related injury on 04/09/2009. The medical records provided indicate the diagnosis of sacroilitis, Lumbago, Lumbar radiculopathy, Lumbar stenosis. Treatments have included knee surgery, physical therapy, knee injection, Norco, and Flexeril. The medical records provided for review do not indicate a medical necessity for purchase of Tens unit.The medical records provided for review do not indicate a medical necessity for Purchase of Tens unit. The MTUS recommends that when trials of other forms of treatment have failed and TENS unit is considered, it should be combined with an evidence based functional restoration program, and the purchase of TENS unit be done only after a one month rental phase has been found to be beneficial. The conditions that have been known to benefit from TENS unit include: cases involving neuropathic pain and CRPS II, phantom limb and some cases of spinal cord spasticity. The request is for the use of TENs unit for low back complaints. The MTUS does not recommend the use of TENS unit for low back complaints; therefore, the requested treatment is not medically necessary and appropriate.