

<b>Case Number:</b>	CM14-0191959		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & Rehabilitation, 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 35 year old female with original date of injury 7/01/12 and most recent date of injury 3/31/14. The treating physician report dated 9/30/14, which is not included in the documents provided, indicates that the patient presents with pain affecting the lower back, bilateral knees and left heel. The physical examination findings reveal tenderness and spasm in the lumbar paravertebral musculature as well as facet tenderness from L4 through S1. The patient also experiences right piriformis muscle tenderness and tenderness throughout the sacroiliac spine. Prior treatment history includes acupuncture and medications. The current diagnoses are: 1.Lumbar spine discopathy2.Bilateral sacroiliac joint arthropathyThe utilization review report dated 10/22/14 denied the request for bilateral sacroiliac joint injections based on the fact that other possible pain generators have not been explored. The utilization review report dated 10/22/14 denied the request for an inferential unit for a 30-day trial for home use based on the fact that the patient has not failed medication nor does she have a history of substance abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac joint injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, Sacroiliac joint blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Hip and Pelvis chapter: Sacroiliac joint injection

**Decision rationale:** The patient presents with. The current request is for bilateral sacroiliac joint injections. The treating lower back, bilateral knees and left heel pain physician states that the patient continues to have a significant amount of pain and is awaiting MRI that has been authorized. The ODG guidelines state, "There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program." In this case the treating physician has not provided documentation of an exercise program or icing. Furthermore, the ODG guidelines suggest criteria for the use of sacroiliac blocks, which includes: "1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." ODG also requires 3 of the following exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). There is no documentation to suggest that other possible pain generators have been explored. There are no motion palpation or pain provocation examination findings to support a diagnosis of S/I joint dysfunction which is the first criteria for S/I joint blocks. In this case the records provided only address medication management and do not give evidence to a PT or a home exercise program. The request is not medically necessary.

**Interferential unit 30-day trial for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

**Decision rationale:** The patient presents with lower back, bilateral knees and left heel pain. The current request is for an interferential unit 30 day trial for home use. The treating physician states that the patient continues to have a significant amount of pain and is awaiting MRI that has been authorized. The MTUS guidelines state that interferential current stimulation is not recommended as an isolated intervention. The MTUS guidelines further state, "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: 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or

4. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." In this case, the treating physician has not documented that the patient has received interferential current stimulation by a physician that has documented objective improvement and there is no discussion regarding the ineffectiveness of medication management or other criteria set forth in the MTUS guidelines. The request is not medically necessary.