

Case Number:	CM14-0197213		
Date Assigned:	12/05/2014	Date of Injury:	03/23/2013
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 Geriatrics and is licensed to practice in New York. 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 37 year old female with a reported industrial injury on March 23, 2013, after trying to break up a fight and she slipped on a bed cover on the floor and jerked back and forth and lost her balance but fell forward in a prone position on the tile floor. She immediately started with neck that radiated to the shoulders and low back pain. The injured worker was seen by primary treating physician on October 10, 2014. The injured worker complains of continued low back pain. Physical exam shows positive low back pain. The document is handwritten and not legible on for October 10, 2014. The injured worker was evaluated on October 1, 2014 the complaints for the lumbar spine were described as achy that starts from her mid upper back down to her low back and travels to the bilateral hips. The physical exam of heel-toe-walk was done with difficulty secondary to back pain, diffuse tenderness over the lumbar paravertebral musculature, moderate facet tenderness noted over the L4 through S1 spinous processes, Sacroiliac tenderness, Fabere's/Patrick, Sacroiliac thrust Test, Yeoman's Test, Kemps Test and Farfan Test were all positive on left and right side, range of motion to the lumbar spine was noted to be decreased, sensation was intact and the rest of the exam was unremarkable. The diagnosis is Lumbar degenerative disc disease and Bilateral Sacroiliac joint arthropathy. The injured worker was treated with Vicodin initially and the documentation states she has exhausted all conservative treatment as far as having physical therapy, chiropractor manipulation therapy, medication, rest and a home exercise program. These documents and dates were not included with the medical records provided; there is no documentation of any diagnostic testing to date. The treatment plan was to request bilateral sacroiliac joint injections. On November 7, 2014 the primary treating physician requested bilateral sacroiliac joint injections, interferential unit 30 day trial for home use and urine drug screen. The Utilization Review non-certified this request on

November 14, 2014. The Utilization Review non-certification was based on the Official Disability Guidelines (ODG).

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 Official Disability Guidelines (ODG), Pelvis chapter: Sacroiliac Joint Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Subacute and chronic low back pain: Nonsurgical interventional treatment

Decision rationale: There are no randomized trials of intra-articular sacroiliac joint steroid injection in patients without spondyloarthropathy. One small randomized trial with 24 patients found a periarticular sacroiliac joint glucocorticoid injection was more effective than local anesthetic injection for pain relief in patients with chronic pain in the sacroiliac joint area, one month after injection. These results are considered preliminary, due to the small sample size and short follow-up time period. This injured worker has a diagnosis of Lumbar degenerative disc disease and Bilateral Sacroiliac joint arthropathy but not spondyloarthropathy. The medical records do not substantiate the medical necessity of bilateral sacroiliac joint injections.

Interferential Unit, 30 Day Trial for Home Use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are documented to have been trialed and not successful but the records are not included. Additionally, there is no documentation that it is being used as an adjunct to a program of evidence based functional restoration. There is also no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.

Urine Drug Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2013. The worker has had various treatment modalities and use of medications including opioids. Urine drug screening may be used at the initiation of opiod use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction to justify a urine drug screen. The medical necessity of a urine drug screen is not substantiated in the records.