

Case Number:	CM15-0101054		
Date Assigned:	06/03/2015	Date of Injury:	06/07/2004
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury to the left knee and low back on 6/7/04. Previous treatment included magnetic resonance imaging, lumbar fusion (4/24/14), left knee partial lateral meniscectomy (10/13/05), physical therapy, injections, sacroiliac joint blocks, radiofrequency ablation, h-wave, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (10/23/13) showed posterior disc bulges with facet joint hypertrophy and neural foraminal narrowing. In an initial pain management evaluation dated 4/8/15, the injured worker complained of constant low back pain associated with numbness and tingling in bilateral lower extremity to the tops of his feet. The injured worker also complained of bilateral knee pain, urinary urgency and headaches. The injured worker rated his pain 10/10 on the visual analog scale without medications and 4-5/10 with medications. The injured worker had an H-wave unit at home that decreased his pain and helped him to take less medication; however, the injured worker had been told that he needed to return his unit due to insurance denial. Current diagnoses included status post lumbar fusion, bilateral sacroiliitis, right lower extremity radiculitis, left lower extremity radiculopathy, scar tissue pain over previous hardware site and status post left knee arthroscopy. The treatment plan included a new magnetic resonance imaging of the lumbar spine, requesting authorization for sacroiliac joint blocks and a 30 day h-wave unit trial with subsequent continuation of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit 3 month trial with purchase if effective: 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 H-wave Stimulation (HWT) Section Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including physical therapy and medications, plus transcutaneous electrical nerve stimulation. This request is not consistent with the recommendations of the MTUS Guidelines. The request for H-Wave Unit 3 month trial with purchase if effective is not medically necessary.

Bilateral SI joint 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 Chapter Sacroiliac Joint Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 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 physical therapy, home exercise and medication management. 4) blocks are performed under fluoroscopy. 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed. 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period. 7) in the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks. 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. This request has been denied on two previous occasions. The available documentation is not consistent

with S1 joint mediated pain. Therefore, the request is not medically necessary.