

<b>Case Number:</b>	CM15-0141524		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 63 year old male sustained an industrial injury on 10-08-13. He subsequently reported low back pain. Diagnoses include idiopathic low back pain and herniated nucleus pulposus, facet syndrome. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, tenderness to palpation is noted bilaterally at L4-5 and L5-S1. Lumbar range of motion was reduced. Positive SI joint testing was noted bilaterally. A request for Bilateral SI (sacroiliac) joint block, TENS (Transcutaneous Electrical Nerve Stimulation) unit, purchase and Orthofix bone stimulator purchase was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI (sacroiliac) joint block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter (Online Version) Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chou R, et al. Subacute and Chronic low back pain: Nonsurgical interventional treatment. Topic 7768, version 20.0. UpToDate, accessed 09/24/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with numbness and decreased sleep. There is very limited quality research available to support this treatment in this setting, and there was no discussion that sufficiently supported its use. In the absence of such evidence, the current request for blocks of both SI joints is not medically necessary.

**TENS (Transcutaneous Electrical Nerve Stimulation) unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial or the circumstances under which it was done, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.

**Orthofix bone stimulator, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter (Online Version) Bone growth stimulators (BGS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Howe AS, et al. General principles of fracture

management: Early and late complications. Topic 13798, version 8.0. UpToDate, accessed 09/24/2015. Orthofix. <http://web.orthofix.com/Pages/Home.aspx>, accessed 09/24/2015.

**Decision rationale:** Bone stimulators are devices that attempt to increase the healing of a broken bone. The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with numbness and decreased sleep. There is limited quality research available to support this treatment in this setting, and there was no discussion that sufficiently supported its use or the purchase of the unspecified device. In the absence of such evidence, the current request for the purchase of an unspecified Orthofix bone stimulator is not medically necessary.