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| <b>Case Number:</b>   | CM15-0204643 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 08/02/2005 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on 8-2-2015. Medical records indicate the worker is undergoing treatment for post lumbar laminectomy syndrome and bilateral sacroiliitis. A recent progress report dated 9-10-2015, reported the injured worker complained of severe low back pain related to post lumbar laminectomy. Physical examination revealed the injured worker walked with a walker and moderately stooped forward with sacroiliac tenderness and TENS (transcutaneous electrical nerve stimulation) unit in place. Treatment to date has included TENS (transcutaneous electrical nerve stimulation) unit, surgery, physical therapy and Oxymorphone. On 9-2-2015, the Request for Authorization requested Radiofrequency denervation of right sacroiliac joint, Qty 1, Radiofrequency denervation of left sacroiliac joint, Qty 1 and a four prong TENS (transcutaneous electrical nerve stimulation) unit. On 9-23-2015, the Utilization Review noncertified the request for Radiofrequency denervation of right sacroiliac joint, Qty 1, Radiofrequency denervation of left sacroiliac joint, Qty 1 and a four prong TENS (transcutaneous electrical nerve stimulation) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency denervation of right sacroiliac joint, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency denervation of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. There has been no documented medical nerve block of the selected area that produced pain relief by greater than 50%. There are also no clear physical exam findings indicating the SI joint as the source of pain. Therefore the request is not medically necessary.

**Radiofrequency denervation of left sacroiliac joint, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency denervation of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. There has been no documented medical nerve block of the selected area that produced pain relief by greater than 50%. There are also no clear physical exam findings indicating the SI joint as the source of pain. Therefore the request is not medically necessary.

**Four prong TENS (transcutaneous electrical nerve stimulation) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical

nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.(Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary.