

Case Number:	CM15-0031428		
Date Assigned:	02/24/2015	Date of Injury:	12/17/2009
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, 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:

The applicant is a represented 61-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 3, 2009. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for a sacroiliac joint injection, acupuncture, and a TENS unit. The claims administrator referenced a January 19, 2015 progress note and an associated RFA form of January 29, 2015 in its determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported 8/10 low back pain, pelvic pain, SI joint pain, and buttock pain. The applicant stated that pain complaints were constant. The applicant apparently attributed his symptomatology to cumulative trauma at work associated with repetitive lifting. The applicant was on Neurontin, Mobic, and Ambien, it was acknowledged. The applicant was receiving disability insurance benefits, in addition to Workers Compensation indemnity benefits. Ancillary complaints of anxiety, depression, and insomnia were reported. The attending provider suggested that the applicant employ TENS unit, obtain a trigger point injection, and obtain acupuncture. The attending provider, somewhat incongruously, framed the request as a first-time request for acupuncture but acknowledged that the applicant had received acupuncture through a previous treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint intra-articular injection using ultrasound and procedure will be done under MAC (Monitored Anesthesia Care) and fluoroscopic guidance: 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), Treatment Index, 13th Edition (web), 2015, Hip & Pelvis, SI Joint Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Low Back Treatments, Injection Therapies, Sacroiliac Joint Injection.

Decision rationale: No, the request for a sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in the treatment of chronic non-specific low back pain, as was/is present here, nor sacroiliac joint injections are recommended in the treatment of any radicular pain syndrome. Here, the applicant continues to report ongoing complaints of low back pain radiating to the leg. The applicant does not carry a diagnosis of rheumatologically proven spondyloarthropathy implicating the SI joints for which SI joint injection therapy would be indicated, per ACOEM. Therefore, the request was not medically necessary.

Acupuncture for the left iliac strain, 6 visits (2 visits a week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider, the request does, in fact, represent an extension or renewal request for acupuncture as the applicant has had previous acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS acknowledge that acupuncture may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, there was/is no clear or compelling evidence of functional improvement as defined in Section 9792.20f. The applicant remained dependent on a variety of analgesic medications, including Mobic. The applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

Purchase of TENS unit with application of Surface Neuro Stim with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Finally, the request for a TENS unit [purchase] was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain and function. Here, however, the attending provider seemingly sought authorization to purchase the device without having the applicant first undergo a one-month trial of the same. Therefore, the request was not medically necessary.