MAXIMUS Federal Services

Case Number:	CM15-0048839		
Date Assigned:	03/20/2015	Date of Injury:	02/26/2012
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31-year-old female who reported an injury on 02/26/2012. The mechanism of injury was not specifically stated. The current diagnoses include low back pain and abdominal pain. The injured worker presented on 03/09/2015 for a follow-up evaluation regarding ongoing low back pain and radicular symptoms into the right lower extremity. It was noted that the injured worker was pending authorization for a repeat SI joint injection, physical therapy, and chiropractic treatment. The injured worker had recently received a TENS unit, which had been beneficial. The injured worker needed replacement pads. In addition, the injured worker was also interested in a Lidoderm patch. The injured worker was utilizing Ultram ER 100 mg, ibuprofen 800 mg, and amitriptyline 50 mg. The provider noted the injured worker had failed to respond to gabapentin. Upon examination, there was tenderness over the right SI joint, positive SI joint pain with faber testing, positive hip flexion test, positive compression and distraction test. Recommendations included a prescription for Lidoderm 5% patch as well as TENS unit pads. The provider also requested a foam roller. A Request for Authorization form was then submitted on 03/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. A 1 month trial should be documented with evidence of how often the unit is used, as well as outcomes in terms of pain relief and function. In this case, the provider noted the injured worker had already received a TENS unit and requested TENS patches. The medical necessity for an additional TENS unit has not been established. In addition, there was no documentation of how often the unit is being used, as well as outcomes in terms of pain relief and function. As such, the request is not medically appropriate.

Right sacroiliac injection: 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), Hip & Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint block.

Decision rationale: The Official Disability Guidelines recommend a sacroiliac joint block when the History and Physical suggests the diagnosis. There should also be evidence of a failure of at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. In the treatment of therapeutic phase, the interventional procedures should be repeated only as necessary and should be limited to a maximum of 4 times over a period of 1 year. The suggested frequency is 2 months or longer between each injection, provided that at least greater than 70% pain relief is obtained for 6 weeks. In this case, it was noted that the injured worker had been previously treated with an SI joint injection. Documentation of at least 70% pain relief for 6 weeks was not provided. Therefore, an additional procedure would not be supported. There was also no mention of a recent attempt at aggressive conservative therapy, including physical therapy and home exercise. Given the above, the request is not medically appropriate at this time.

12 sessions of chiropractic for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.

8 sessions of Physical Therapy for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it was noted that the injured worker has been previously treated with a course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically necessary.