

<b>Case Number:</b>	CM15-0084048		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 32-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of insomnia reportedly associated with an industrial injury of February 26, 2012. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve requests for a TENS unit, SI joint injection, 12 session of chiropractic manipulative therapy, and eight sessions of physical therapy. The claims administrator referenced a RFA dated March 16, 2015 in its determination, along with an associated progress note of March 9, 2015. The applicant's attorney subsequently appealed. On May 4, 2015, multilevel medial branch blocks, TENS unit supplies, and Flexeril were dispensed. In an associated progress note dated April 27, 2015, the attending provider sought authorization for multilevel medial branch blocks. The attending provider noted that he previously requested SI joint injections. The applicant was using Ultram, Motrin, Elavil, Lidoderm, Flexeril, and a TENS unit, it was reported. SI joint tenderness was appreciated. A 20-pound lifting limitation was endorsed. It was suggested (but not clearly stated) that the applicant was working on a part-time basis with said limitation in place. On March 24, 2015, the attending provider appealed the previous denial of a SI joint injection, stating that the applicant had pain at the SI joint. On March 10, 2015, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity. Repeat SI joint injection therapy was sought. The applicant was also receiving physical therapy and manipulative therapy, it was reported. The applicant was using Ultram, Motrin, Elavil, Lidoderm patches, and a TENS unit, it was reported. Tenderness about the SI joint and hip were appreciated. A 20-pound lifting limitation, TENS unit supplies, and

Lidoderm patches were sought. In a February 18, 2015 RFA form, the attending provider proposed 12 additional sessions of chiropractic manipulative therapy and eight sessions of physical therapy. Somewhat incongruously, the attending provider quoted an Agreed Medical Evaluation (AME) report stating that the applicant was a motivated individual who was already using the gym. The attending provider also sought authorization for a TENS unit purchase, without much supporting rationale or supporting commentary. It appeared that the applicant had received a TENS unit on a one-month trial basis on January 13, 2015. The applicant was using Ultram, Elavil, and Motrin. The same, unchanged, 20-pound lifting limitation was renewed on this date.

### **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 ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** No, the TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both "pain relief and function." Here, however, it did not appear that a previously provided TENS unit had in fact generated significant improvements in terms of either pain and/or function. Despite receiving a one-month trial of a TENS unit and ultimately receiving the TENS unit on a purchase basis, the attending provider continued to renew a rather proscriptive 20-pound lifting limitation from visit to visit. Provision of the TENS unit, thus, did not result in any change in the applicant's work status or work restrictions. The applicant was only able to return to work on a part-time basis owing to the continued imposition of the 20-pound lifting limitation, unchanged, from visit to visit. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Ultram, Motrin, Elavil, Lidoderm patches, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request was not medically necessary.

**Right sacroiliac injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Low Back Disorders, pg 6111.

**Decision rationale:** Similarly, the request for a sacroiliac joint injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes on page 611

that SI joint injections are not recommended for applicants with chronic nonspecific low back pain and/or radicular pain syndromes. Here, the applicant continued to report complaints of low back pain radiating to the right leg, including on the March 10, 2015 office visit at issue. SI joint injection therapy was not, thus, indicated in the radicular pain context present here, per ACOEM, which suggests reserving SI joint injections for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, there was no evidence that the applicant in fact carried a diagnosis of rheumatologically proven spondyloarthropathy involving the SI joints. Therefore, the request was not medically necessary.

**12 sessions of chiropractic for the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Similarly, the request for 12 sessions of chiropractic manipulative therapy for the low back was likewise not medically necessary, medically appropriate, or indicated here. The attending provider acknowledged that the request in fact represented a request for additional chiropractic manipulative therapy. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that one to two sessions of chiropractic manipulative therapy should be employed every four to six months in applicants who experience flares of pain who have demonstrated treatment success by achieving and/or maintaining successful return to work status. Here, while the applicant had in fact returned to part-time work, the request for 12 sessions of manipulative therapy represented treatment well in excess of the one- to two-session course suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines for flares of chronic pain. Therefore, the request was not medically necessary.

**8 sessions of physical therapy for the low back: 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), Low Back Chapter.

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

**Decision rationale:** The request for eight sessions of physical therapy for the low back was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the attending provider's RFA letter dated February 18, 2015 quoted an Agreed Medical Evaluation (AME) dated December 1, 2014, in which it was acknowledged that the applicant was using a gym on a regular basis. It appeared, thus, that the applicant was in fact capable of transitioning to self-directed, home-based or gym-based physical medicine of her own accord, without the lengthy formal course of physical therapy at issue. Therefore, the request was not

medically necessary.

