

<b>Case Number:</b>	CM15-0012169		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: 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 53-year-old male who reported an injury on 12/27/2013. The injury reportedly occurred when he had to crawl under a machine at work and lift his legs over a center support. His diagnoses include low back pain, lumbar sprain/strain, left lower extremity radiculitis, and probable herniated nucleus pulposus. His past treatments have included physical therapy, chiropractic treatment, acupuncture, work restrictions, home exercise, epidural steroid injection, medications, and left sacroiliac joint injection. At his followup visit on 12/22/2014, the injured worker reported low back pain and tingling and numbness into the left leg. He rated his pain 9/10. It was noted that his first left sacroiliac joint injection on 11/19/2014 had provided 50% improvement with weakness, tingling, and numbness in the left lower extremity for 8 weeks. However, it was noted that the pain had returned. His physical examination revealed a positive Gaenslen's and Faber's test, as well as a severely positive sacroiliac joint thrust. It was also noted that his second left transforaminal epidural steroid injection on 12/03/2014 had resulted in 75% improvement. The treatment plan included a third left transforaminal lumbar epidural steroid injection followed by physical therapy 2 times a week for 6 weeks, a TENS unit for 3 months with supplies, medication refills, and a second left sacroiliac joint injection under fluoroscopic guidance. The previous determination letter dated 01/12/2015 indicated that the injured worker was approved for the third left lumbar epidural steroid injection at L5-S1, physical therapy x2 after the injection, a 30 day rental of a TENS unit and supplies, and a lumbar elastic back support. However, it was noted that the requesting provider wished to withdrawal the request for the second sacroiliac joint block. Therefore, additional rationale for this injection

was not provided. Requests were received for a TENS unit and supplies for 3 months for the low back, physical therapy twice a week for 6 weeks for the low back, and a second left SI joint injection under fluoroscopy guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tens unit and supplies for 3 months for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** According to the California MTUS Guidelines, a TENS unit is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered a conservative option when used as an adjunct to a program of evidence based functional restoration. For purchase of a TENS unit, the guidelines state there should be documentation of at least 3 months of chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and details regarding the 1 month trial period of the TENS with documentation of how often the unit was used and outcomes in terms of pain relief and function, and other ongoing pain treatments should also be documented during the trial period including medication usage and treatment goals. The clinical information submitted for review indicated that the injured worker had chronic low back and left lower extremity symptoms. On 01/12/2015, he was approved for a 30 day trial of use of a TENS unit. However, documentation regarding the outcomes and the frequency of use during the 30 day trial were not provided. In the absence of documentation regarding the outcomes with the 30 day trial, continued use of the TENS unit is not supported. As such, the request is not medically necessary.

**Physical therapy twice a week for six weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical therapy (PT).

**Decision rationale:** According to the California MTUS Guidelines, up to 10 visits of physical therapy are recommended for patients with unspecified radiculitis to promote functional improvement and provide instruction in a home exercise program. The Official Disability Guidelines also state that 1 to 2 visits of physical therapy are recommended after injections. The clinical information submitted for review indicated that the injured worker had low back pain with symptoms into the left lower extremity. It was noted that he had previously had at least 12

physical therapy visits since the time of his injury. The documentation also supports that he was recently approved for a third lumbar epidural steroid injection with 2 post injection physical therapy visits. In the absence of documentation regarding the objective functional improvement and exceptional factors to warrant additional physical therapy beyond the number of sessions recommended by the evidence based guidelines and the 2 post injection sessions he was recently approved for, the request is not supported. As such, the request is not medically necessary.

**2nd Left SI Joint Injection Under Fluoroscopy Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**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, Sacroiliac joint blocks.

**Decision rationale:** According to the Official Disability Guidelines, sacroiliac joint blocks are recommended when the history and physical suggest the diagnosis with documentation of at least 3 positive physical examination findings suggestive of sacroiliac joint dysfunction. Additionally, diagnostic evaluation must first address other possible pain generators, and the patient needs to have tried and failed at least 4 to 6 weeks of conservative treatment including physical therapy, home exercise, and medication management. The guidelines also specify that repeat blocks may be given when documentation shows at least 70% pain relief for at least 6 weeks after previous injection. The clinical information submitted for review indicated that the injured worker did have at least 3 physical examination findings suggestive of sacroiliac joint dysfunction and had failed appropriate conservative care prior to undergoing sacroiliac joint therapy. However, while the patient was noted to have 50% pain relief for 8 weeks after previous injection, the guidelines require at least 70% pain relief in order to proceed with a second injection. Therefore, the second sacroiliac joint block is not supported by the guidelines. In addition, the previous determination letter indicated that the treating provider wanted to withdraw the request for the sacroiliac joint block. For these reasons, the request is not medically necessary.