

Case Number:	CM13-0005961		
Date Assigned:	08/23/2013	Date of Injury:	11/18/2010
Decision Date:	01/06/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

An initial physician review notes that the innervation of the sacroiliac joint remains unclear based on guidelines and that although this patient may have sacroiliac joint pathology, the records do not include a clear rationale to support the radiofrequency treatment, and in particular there is no medical support to proceed with this treatment after an intraarticular injection with 30% relief without diagnostic medial blocks. Therefore, the initial physician reviewer recommended that treatment be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency sacral medial branch nerve block S1, S2, S3, on the left under fluoroscopy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis chapter, Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment of Workers' Compensation, Hip and Pelvis.

Decision rationale: The Official Disability Guidelines indicate that sacroiliac joint radiofrequency neurotomy is not recommended, and that a recent review of this intervention has found that the evidence was limited for this procedure. The medical records provided for review

do not fully provide an alternative rationale to support the diagnosis or treatment plan in this case. The request for radiofrequency sacral medial branch nerve block S1, S2, S3, on the left under fluoroscopy is not medically necessary and appropriate.