

Case Number:	CM13-0006268		
Date Assigned:	03/10/2014	Date of Injury:	11/08/2002
Decision Date:	06/02/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported a date of injury of 11/08/2002. According to report dated 06/20/2013 by ■■■■■■■■■■, the patient presents with low back pain with occasional right leg and right buttock pain. Patient states she underwent a right sacroiliac joint injection with ■■■■■■■■■■ on 06/10/2013 which provided her 50% relief of her right leg symptoms as well as 50% relief of her low back pain. The pain relief is still lasting more than one week later. The patient has not been experiencing any radiation of pain down her right leg since undergoing the right sacroiliac joint injection. She does have some occasional numbness and tingling in her right foot. Examination of the lumbar spine revealed flexion of 100 degrees, extension of 10 degrees, rotation of 45 degrees, and lateral bending of 20 degrees. There is mild tenderness in the right paraspinal muscles and very mild tenderness in the left paraspinal muscles more at the lower lumbar levels and at the upper levels. There is also tenderness at the right sacroiliac joint with very mild tenderness at the left sacroiliac joint. The straight leg raising maneuver in the sitting position is done to 80 degrees without any significant or radicular leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with low back pain with occasional right leg and right buttock pain. Review of the medical file does not specify the levels that are being requested for injection. MTUS Guidelines page 46 and 47 recommends, ESI is an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, this patient does not present with any dermatomal distribution of pain/paresthesia as required for an epidural steroid injection. Examinations do not show evidence of radiculopathy and there are no motor/sensory deficits noted. Furthermore, there is no discussion of an MRI. The request for Lumbar Epidural Steroid Injection (ESI) is not medically necessary and appropriate.

RADIOFREQUENCY ABLATION SACROILLIAC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis - 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)

Decision rationale: This patient presents with low back pain with occasional right leg and right buttock pain. The physician is requesting a right sacroiliac joint injection. The ACOEM and MTUS guidelines do not discuss Radiofrequency ablation of sacroiliac joints. ODG guidelines have the following regarding RF ablation of SI joints: "Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006). This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients)." ODG further states, "The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation." RF ablation of SI joints is not recommended by ODG. Therefore, the request for Radiofrequency Ablation Sacroiliac is not medically necessary and appropriate.