MAXIMUS Federal Services

Case Number:	CM13-0022137		
Date Assigned:	12/04/2013	Date of Injury:	02/29/2012
Decision Date:	01/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Pain Medicine 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:

The injured worker is a 29-year-old male with a date of injury on February 29, 2012. Lumbar spine MRI performed on March 22, 2013 indicates a disc bulge at L4 five and L5 S1 measuring 1 to 2 mm. The patient complains of lumbar spine pain that is rated 3 to 4 out of 10 in a note on date of service July 25, 2013. The patient has had two prior right sacroiliac joint injections which gave him 5 to 7 days of the hundred percent pain relief. Current examination remains consistent with sacroiliac joint dysfunction including a positive Faber's maneuver; SI thrust test, and Yeoman's test. A utilization review letter dated September 5, 2013 noncertified both the right sacroiliac joint rhizotomy and the hot/cold contrast system. The stated rationale is that the sacroiliac joint rhizotomy is not recommended for the guidelines of the Official Disability Guidelines (the California Medical Treatment and Utilization Schedule do not have commentary of this).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG),Hip 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 Chapter, Heading entitled "Sacroiliac Joint radiofrequency neurotomy".

Decision rationale: "Sacroiliac Joint radiofrequency neurotomy: Not recommended. Multiple techniques are currently described: (1) a bipolar system using gradiofrequency 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 ramus and S1-S3 lateral branches) (Cohen. 2005); & (4) pulsed radio frequency 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). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 Â± 5.7 weeks. 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. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. (Hansen, 2007) See also Intra-articular steroid hip injection; & Sacroiliac Joint blocks. Recent research: A small RCT concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, 3, and 6 months after the procedure, 11 (79%), 9 (64%), and 8 (57%) radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only 2 patients (14%) in the placebo group experienced significant improvement at their 1-month follow-up, and none experienced benefit 3 months after the procedure. However, one year after treatment, only 2 patients (14%) in the treatment group continued to demonstrate persistent pain relief. Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. (Cohen, 2008)" Given that the above guidelines, the request for radiofrequency ablation of the sacroiliac joint is recommended for non-certification.

Hot/Cold contrast system following rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, continuous-flow cryotherapy section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter

Decision rationale: The California Medical Treatment and Utilization Schedule do not specifically address hot/cold therapy units. The Official Disability Guidelines Hip and Pelvis Chapter "Cryotherapy" heading references the Official Disability Guidelines Knee and Leg Chapter, which specifies the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been

fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbahr, 2002) (Singh, 2001)" Since the sacroiliac joint radiofrequency ablation was recommended for noncertification, medical necessity of the hot/cold contrast unit is not met. Furthermore, guidelines recommend against active heating or cooling units, because the literature does not support the superiority of active temperature units versus passive modalities such as ice or a heating pad. This request is recommended for noncertification.