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| Case Number: | CM13-0026018 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 12/18/2008 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

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 Pain Medicine and is licensed to practice in Ohio and Texas. 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. 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 is a 64-year-old female who reported an injury on 12/18/2008. The mechanism of injury was noted to be lifting and carrying heavy stacks of paper. The patient was noted to undergo a left sacroiliac joint injection on 07/15/2013. The patient was noted to have positive sacroiliac tenderness, Faber's, Patrick's, sacroiliac thrust test, and Yeoman's test on 05/22/2013. The patient's diagnoses were noted to include status post lumbar fusion, lumbar sprain/strain, and left sacroiliac joint arthropathy. The request was made for a left sacroiliac joint injection and pending the response the physician opined they would consider a left sacroiliac joint rhizotomy and it was indicated the patient should have a hot/cold contrast system unit following the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines, ISIS Guidelines, and AM Soc of Intervention Pain Phys Guidelines.

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 Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines do not recommend a sacroiliac joint radiofrequency neurotomy. The clinical documentation submitted for review indicated the patient underwent a left sacroiliac joint injection on 07/15/2013. There was a lack of documentation post procedure with documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for left sacroiliac joint Rhizotomy is not medically necessary.

DME: Hot/Cold contrast system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Online Work Loss Data Institute Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hot/Cold Packs.

Decision rationale: The Official Disability Guidelines do not address hot/cold contrast units; however, they do address cold and heat packs. Per the Official Disability Guidelines, cold and heat packs are recommended as an option for acute pain and at home local applications of cold packs in the first few days of an acute complaint, thereafter, applications of heat packs or cold packs to patient preference. The clinical documentation submitted for review indicated the request was post procedural. It failed to provide rationale that cold packs and heat pack would not be therapeutic. Additionally, it failed to indicate the duration of necessity. Given the above, the request for DME: Hot/Cold contrast system is not medically necessary