

Case Number:	CM13-0030818		
Date Assigned:	11/27/2013	Date of Injury:	12/21/2002
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/01/2013

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. 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 underlying date of injury in this case is 12/21/02. This patient has presented with ongoing low back pain, worse on the left, requiring the use of a cane for ambulation. As of 4/22/13, the treating provider reported that the patient had low back pain into the left leg with numbness, weakness, and burning. The patient also had spasm with tenderness and guarding of the paravertebral muscles and decreased sensation over the L5 and S1 dermatomes on the left. The patient was diagnosed with thoracolumbar radiculitis as well as sacroiliitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

radiofrequency ablation of the left sacroiliac joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM guidelines state, "Invasive techniques, i.e., local injections of cortisone and lidocaine are of questionable merit." Additionally, the Official Disability Guidelines/treatment of Workers' Compensation/hip, state that sacroiliac joint and radiofrequency neuropathy is "not recommended" because innervation of the sacroiliac joint is

poorly understood, and the effectiveness of radiofrequency ablation has not been established. For these multiple reasons, this treatment is not supported by the guidelines. , and the request is not medically necessary.