

Case Number:	CM13-0031392		
Date Assigned:	12/04/2013	Date of Injury:	08/31/2000
Decision Date:	03/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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, Pain Management and 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 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:

This is a 65 year old male who was injured on 8/31/2000. According to the 9/18/13 report from [REDACTED] the patient presents with low back pain, and has been diagnosed with multilevel Degenerative disc disease (DDD), and spondylosis of the lumbar spine, s/p XLIF at L2/3 and L3/4 as well as laminectomy L4 to S1 and posterior fusion L2 to S1 and posterior interbody fusions at L4/5 and L5/S1 with solid fusion form L2-S1 s/p exploration of the fusion with removal of hardware; BLE radiculitis and possible radiculopathy related to postential residual stenosis and apparent SI joint dysfunction plus arthritis. [REDACTED] requested to send the patient to [REDACTED] for bilateral SI joint RFA due to the positive resonse to SI joint injections that were done twice. The IMR application shows a dispute with the 9/24/13 UR decision against the bilateral SI joint radiofrequency procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Bilateral SI Joint Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Hip Chapter, for Sacroiliac Joint Radiofrequency Neurotomy

Decision rationale: MTUS/ACOEM does not have a chapter on SI joints. ODG guidelines were consulted. ODG guidelines for Sacroiliac joint radiofrequency neurotomy specifically states: "Not recommended". The request for bilateral SI joint radiofrequency neurotomy is not in accordance with ODG guidelines.