

Case Number:	CM13-0038073		
Date Assigned:	12/20/2013	Date of Injury:	01/12/2006
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Arizona. 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:

Patient is a 40 year old male who slipped down several steps on 1/12/06 and landed on his buttocks. He had immediate severe low back pain which gradually progressed to right sided sciatica. A lumbar MRI performed on 03/14/06 revealed Lumbar MRI on 3/14/06 showed small central protrusions at L4-5 and L5-S1 with possible impingement of left L5 nerve root. Multilevel neuro-foraminal stenosis was noted. EMG was positive for right S1 radiculopathy. He received several treatments with chiropractic and physical therapy with only temporary pain relief. He underwent an artificial disc replacement on 12/7/07 at the L5 S1 and reported 40% improvement in his pain in his midline back but the sciatic leg pain was unchanged. He was determined to be at MMI on 03/31/10. On 03/13/13, the patient was seen by [REDACTED] for bilateral low back pain, right worse than left, radiating to the right buttock, right lateral thigh, bilateral lateral calf, and anterior ankle. The patient reported the most severe pain was his right buttock and right sacroiliac joint. He reported that he had received epidural steroid injections in the past which were not helpful. He also reported that previous land-based and aquatic therapy had not been helpful. The patient underwent fluoroscopically-guided diagnostic positive right SI joint injection on 08/29/13 which provided 70% improvement of his right buttock, right SI joint and right lower extremity painful symptoms 30 minutes after the injection and improved and range of motion that lasted greater than 2 hours. The impression was status post 08/29/13 fluoroscopically-guided diagnostic positive right sacroiliac joint injection; right sacroiliac joint pain; L5-S1 artificial disc; bilateral L5 radiculopathy, right worse than left, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar facet joint pain at right L3-S1, and lumbar sprain/strain. Treatment plan included fluoroscopically-guided right sacroiliac joint radiofrequency nerve ablation. Current medication is OxyContin 15mg. Examination 10/29/13 reveals "The patient is a well-developed male who is

alert and in no acute distress at Ht. 6'4", Wt. 240, BP 128/91, P 87, R 12. Examination of the skin is within normal limits in all limbs, except for surgical scarring of the lumbar. There is tenderness upon palpation of the lumbar paraspinal muscles overlying the right L3-S1 facets and right sacroiliac joint. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic and facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers, Gaenslen's, Patrick's maneuver, SJ compression, Yeoman's were positive on the right, and pressure at the sacral sulcus was positive bilaterally. Nerve root tension signs were negative bilaterally, except the straight leg raise was positive on the right. Muscle stretch reflexes are 2 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs, except 4/5 in the right quadriceps, tibialis anterior, and extensor hallucis longus. Heel walking was abnormal. The remainder of the examination is unchanged from the previous visit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided right sacroiliac joint radiofrequency nerve ablation: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, sacroiliac joint radiofrequency neurotomy.

Decision rationale: There is no discussion in the California MTUS Chronic pain Medical treatment guidelines on radiofrequency ablation. According to the Official Disability Guidelines, hip and pelvic chapter regarding sacroiliac joint radiofrequency neurotomy, the procedure is "Not recommended." "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." There is some preliminary evidence that it may provide immediate-term pain relief in some patients, 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." This procedure lacks the data to substantiate that it will provide long term pain relief.