

Case Number:	CM13-0038909		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2011
Decision Date:	02/12/2014	UR Denial Date:	09/19/2013
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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 02/21/2011. The patient is diagnosed with left sacroiliac joint pain, status post facet joint radiofrequency nerve ablation at L4-5 and L5-S1, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, right foraminal disc protrusion at L5-S1, left paracentral disc protrusion at L4-5, central disc protrusion at L5-S1, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain and strain, hypertension, and hyperlipidemia. The patient was seen by [REDACTED] on 09/24/2013. The patient reported lower back pain with radiation and intermittent numbness into the left lower extremity. Physical examination revealed lumbar muscle spasm, tenderness upon palpation of bilateral lumbar paraspinal muscles overlying the L3-S1 facet joints, restricted lumbar range of motion, positive lumbar facet joint provocative maneuvers, positive sacroiliac provocative maneuvers bilaterally, including Gaenslen's, Patrick's maneuver, and pressure at sacral sulcus. 1+ reflexes bilaterally, 5/5 muscle strength in bilateral lower and upper extremities. Treatment recommendations included a fluoroscopically-guided left sacroiliac joint facet joint radiofrequency nerve ablation and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sacroiliac joint facet radiofrequency nerve ablation (neurotomy/rhizotomy) fluoroscopically guided as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good-quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar-quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines state sacroiliac joint radiofrequency neurotomy is not recommended. As per the clinical notes submitted, the patient's physical examination does reveal tenderness to palpation with positive provocative maneuvers. However, there is no evidence of successful dorsal ramus medial branch diagnostic blocks. Additionally, there were no imaging studies provided for review to corroborate a diagnosis of facet abnormality. There is also no documentation of a failure to respond to recent conservative treatment. Based on the clinical information received, the request is non-certified. .