

Case Number:	CM13-0040629		
Date Assigned:	12/20/2013	Date of Injury:	02/21/2011
Decision Date:	05/16/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 35-year-old male who reported injury on 02/21/2011. The mechanism of injury was not provided. The documentation of 09/30/2013 revealed the injured worker had pain in the low back at L3-5 levels. The injured worker had decreased range of motion in all directions. There was tenderness to palpation upon the bilateral lumbar paraspinal muscles overlying the L3-S1 facet joints. Lumbar extension was more painful than lumbar flexion. Lumbar facet joint provocative maneuvers were mildly positive. Muscle strength was 5/5. The diagnoses included bilateral lumbar facet joint pain at L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically guided bilateral L5-S1 facet joint medial branch block and bilateral lumbar facet joint pain at L3-4 and L4-5 as diagnosed and confirmed by positive diagnostic fluoroscopically guided L3-4 and L4-5 facet joint medial branch block. The treatment plan included a fluoroscopically guided therapeutic bilateral L3-4 and L4-5 facet injection given a positive diagnostic injection that provided 100% relief after 30 minutes lasting greater than 2 hours with increased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC (SI) JOINT RADIOFREQUENCY NERVE ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Page(s): 114, 76. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11 th. Edition (web), 2013, Hip and Pelvis Chapter, Sacroiliac Joint radiofrequency neurotomy.

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

Decision rationale: ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation in the paravertebral area over the facet region. The muscle strength was 5/5. The injured worker had a diagnostic injection that gave 100% relief after 30 minutes lasting greater than 2 hours with increased range of motion. There was a lack of documentation indicating the injured worker had a normal straight leg raise. The request as submitted failed to indicate the level and laterality for the requested service. Given the above, the request for Right sacroiliac (SI) joint radiofrequency nerve ablation is not medically necessary.