

Case Number:	CM13-0041311		
Date Assigned:	03/24/2014	Date of Injury:	05/11/2008
Decision Date:	05/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 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 patient is a 41 year old male who was injured on 05/11/2009 while he was digging dirt to get to a water meter that was buried 6 inches underground. Prior treatment history has included physical therapy, aqua therapy and epidural injection. The patient has undergone an L5-S1 discectomy and repeat of this surgery as well as rotator cuff surgery. His medications include: 1. Zantac 2. Flector 1.3% patch 3. Prilosec 20 mg 4. Lunesta 3 mg 5. Ultracet 37.5/325 mg 6. Naproxen 550 mg 7. Neurontin 8. Ultram 50 mg 9. Tylenol #3 10. Pepcid AC 11. Prevacid 30 mg 12. Zipsor 25 mg 13. Lyrica 14. Percocet 15. Ibuprofen 16. Ambien 17. Celexa 18. Nucynta 50 mg Progress note dated 10/10/2013 documented the patient to have complaints of right low back pain, right buttock pain and right sacroiliac joint pain. Exacerbating factors, are bending, twisting, lifting, driving activity, lying down and bearing down. Objective findings on exam included lumbar ranges of motion were restricted by pain in all directions. There is tenderness upon palpation of the right sacroiliac joint. Right sacroiliac joint proactive maneuvers including Gaenslen's and Patrick's were positive. There is tenderness upon palpation of the right sacroiliac joint. Lumbar discogenic provocative maneuvers were positive. Nerve root tensions signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski and Hoffman's signs were absent bilaterally. Muscle strength is 5/5 in the lower extremities. The remainder of the examination is unchanged from the previous visit. Diagnoses: 1. Right sacroiliac joint pain 2. Right paracentral disc protrusion at L5-S1 3. Central disc bulge at L4-L5 4. Central disc protrusion at L4-L5 5. Bilateral L5-S1 facet joint arthropathy 6. L5-S1 stenosis 7. Epidural fibrosis at L5-S1 8. Lumbar strain/sprain 9. Status post L5-S1 discectomy 10. Status post diagnostic right sacroiliac joint injection Treatment Plan: 1. I appeal the denial of fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) given the positive diagnostic right sacroiliac joint injection which

provided 1--% relief of patient's right buttock and right sacroiliac joint pain. The patient has positive provocative maneuvers, Gaenslen's and Patrick's. The patient has failed physical therapy, NSAIDs and conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED SACROILIAC JOINT RADIO FREQUENCY NERVE ABLATION (NEUROTOMY/RHIZOTOMY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment and Integrated Treatment/Disability Guidelines Hip and Pelvis (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy, Sacroiliac joint blocks.

Decision rationale: According to the Official Disability Guidelines, sacroiliac joint neurotomy/rhizotomy is not recommended. It is appreciated that the patient reportedly had good response to an SI joint injection, in which case sacroiliac joint blocks maybe considered an option. However, the SI joint neurotomy procedure is not currently supported by the guidelines and evidence-based literature. Various techniques used to perform this procedure have been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. 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. Consequently, SI joint radiofrequency nerve ablation is not medically necessary.

PRESCRIPTION FOR TRAMADOL 37/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS Guidelines, Ultram is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. A recent Cochrane review found that Tramadol decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). There is no documentation of the patient's current pain levels with and without medication and none pertaining to the patient's response to his medication regimen. The presence of moderate to severe pain has not been established. Additionally, there is no documentation of non-pharmacologic and non-opioid means being used, for pain control and to improve function. The

patient describes benefit of reduced pain and increased function with medication use. Tramadol may be warranted, however, the medical records do not document the dosage and frequency of her opioid use. The lowest possible dose should be prescribed to improve pain and function. The medical necessity of Tramadol has not been established.