

Case Number:	CM13-0041439		
Date Assigned:	12/20/2013	Date of Injury:	01/11/2002
Decision Date:	02/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 66-year-old female who reported injury on 01/11/2002. The mechanism of injury was not provided. The patient was noted to have a right SI joint injection on 07/19/2013 resulting in 80% pain relief for approximately 2 weeks. The patient was noted to have tenderness in the right sacroiliac joint, right buttock and right piriformis muscle. The patient was additionally noted to have a positive Fabere test, Stork test and pelvic compression test on the right side. The patient's diagnosis was noted to be sacroiliac instability. The request was made for radiofrequency lesioning on the right SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning right SI joint: 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) Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies. The patient was noted to have positive SI joint signs and symptoms

and was noted to have 80% pain relief for approximately 2 weeks; however, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a radiofrequency lesioning of the right SI joint is not medically necessary.