

Case Number:	CM13-0045290		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2006
Decision Date:	05/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas, 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 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 66 year old who was injured on 2/2/2006. The diagnoses listed are lumbar spine compression fracture, lumbar facet syndrome, degenerative disc disease of the lumbar spine and sacroiliitis. The patient completed physical therapy and lumbar facet injections with limited benefit. There was a reported decrease in pain over the SI joint following steroid injections on 4/9/2013 and 9/27/2013. But a later examination by [REDACTED] on 10/21/2013 noted no change in pain character, with increase in back pain, muscle spasm and positive diagnostic tests for facet syndrome and SI joints. The medications listed are OxyContin for pain and laxatives for constipation prophylaxis. A Utilization Review was rendered on 10/31/2013 recommending non certification of right S1, S2 and S3 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT RADIOFREQUENCY 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, Chapter Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy.

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 chapter. Sacroiliac joint radiofrequency neurotomy

Decision rationale: The CA MTUS did not address the treatment of SI joint pain with interventional pain procedures. The indications for interventional pain procedures is fully addressed by the ODG guideline. Sacroiliac joint procedures is indicated as a treatment option in the management of chronic SI joints pain after patient have failed all conservative management and other generators of low back pain have been excluded. This patient has multiple active pain generators from the lumbar facet joints and the discs. The patient did not report completed pain relief following the SI joints injections. On 10/21/2013, the provider [REDACTED] noted increase in back pain and no change in pain character during a post SI joints injection evaluation. The patient reported that the medications are more helpful than the procedure. Given the above the request is not medically necessary.