

Case Number:	CM13-0045681		
Date Assigned:	12/27/2013	Date of Injury:	09/29/1998
Decision Date:	05/19/2014	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 Orthopedic Surgery, and is licensed to practice in California, New Jersey, and Pennsylvania. 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:

This is a 79-year-old gentleman who was injured in a work related accident on 09/28/98. Records indicate an initial acute low back injury, and left knee pain due to lifting. The claimant is status post a T12 through S1 interbody fusion with subsequent spinal cord stimulator implantation. At present there is record of an assessment from 10/16/13 indicating ongoing complaints of pain. It documents that at that time the claimant was status post a prior right sided SI joint radiofrequency ablation procedure. His physical examination showed spinal cord stimulator to be intact and in place, limited active range of motion, and continued use of a walker for ambulation. There was pain over the right greater than the left SI joint. Given the diagnosis of SI joint pain bilateral radiofrequency ablation procedures to the SI joints were recommended for further definitive care. There is currently no clinical imaging available for review or documentation of other forms of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT SACROILIAC (SI) JOINT RADIOFREQUENCY ABLATION LUMBAR SPINE: 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 in Workers' Comp, 18th Edition, 2013 Updates: hip procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure

Decision rationale: MTUS guidelines address invasive procedures such as the requested ablation procedure in the low back chapter and the guidelines indicate that these are of questionable merit. When looking at Official Disability Guidelines radiofrequency ablation to the SI joints also would not be medically supported. Guidelines indicate that there is no evidence of randomized clinical trials demonstrating long term relief or efficacy with the use of radiofrequency ablation to the SI joints. Given the claimant's clinical presentation as well as significant underlying lumbar issues, the request for ablation procedure to the SI joint would not be indicated.