

Case Number:	CM13-0046242		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2011
Decision Date:	02/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and District of Columbia. 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:

This 34 years old patient relates that he has been working as a senior cook with the [REDACTED] since July 2008. He states that on 10/13/11, while bending forward, he was lifting a 40-pound box and handing it to a minor. He stepped back and slipped due to water on the floor. He twisted, striking his low back against the metal cart and then fell landing on the right side of his body on the tile floor. Immediately thereafter, he was unable to get up and stayed on the tile floor until paramedics arrived. He immediately experienced lower back pain extending to the entire middle and upper back region. He denied any head trauma. The paramedics arrived and transported the patient to [REDACTED], where he was examined by the attending physician, obtained x-rays of the spine, prescribed medications and placed on temporary total disability. He reports that he was unable to complete three to four sessions of physical therapy with no relief initially. However, during the last few sessions, he reports improvement as he had been getting massages. With the prescription medication, he reports having developed abdominal problems (acid Reflux). He also reports that he is unable to fall asleep or find a comfortable sleep position due to pain and discomfort in the lower back and mid back regions which has disrupted his sleep pattern. His last work date was on 10/13/11. Patient has had EMG/NCS and MRI studies in the past. PR-2 dated 01/29/13 states that the claimant has low back pain with lengthy standing and weight bearing. Exam shows tenderness, spasms, limitation in motion and positive yeoman's test on the right. The provider recommends SI joint injection, medication), and home exercise program. PR-2 dated 04/19/13 states that the claim antis status post right sacroiliac joint injection with 50. Percent reduction in pain. There is also pain in the mid back with stiffness. Exam shows - tenderness, spasms, limitation in motion and. positive yeoman's test on the-right. The provider recommends gym membership. The

claimant will return to work. PR-2 dated 05/31/13 states that the claimant has right sacroiliac joint pain. The claimant received right sacroiliac joint injection with good benefit. Examination shows tenderness and spasms to the right sacroiliac joint, lower back, limitation in motion and positive Yeoman's test on the right. The provider recommends IM and sleep consultation. In the most recent medical report dated 8/23/2013, the treating physician requested for authorization to perform a right sacroiliac rhizotomy. The patient had a prior right sacroiliac joint injection and got considerable relief for many months. Also requested were urine toxicology testing and a hot/cold unit following the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter, 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) -TWC-Hip & Pelvis (Acute & Chronic)(Updated 12/9/2013) Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: With respect to Right sacroiliac joint rhizotomy, this procedure is not recommended by ODG evidence based guidelines. While this patient has had received right sacroiliac joint injection with good benefit, rhizotomy is not supported as an effective long term treatment. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks, this patient only attained 50% pain reduction with no indication of how long the pain reduction lasted. Also there is no indication of any functional improvement or reduction in requirement of pain medication. The examination shows tenderness and spasms to the right sacroiliac joint, lower back, limitation in motion and positive Yeoman's test on the right. therefore the request for right sacroiliac joint rhizotomy is not medically necessary.

Hot/Cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

