

Case Number:	CM13-0047540		
Date Assigned:	12/27/2013	Date of Injury:	10/26/2011
Decision Date:	03/20/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 Neurology has a subspecialty in Neuromuscular Medicine 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 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 claimant is a 58 year old man who sustained a work related injury on October 26, 2011. Subsequently he developed a chronic low back pain. According to the note of September 5, 2013, the patient was complaining of low back pain radiating to the right side of the buttock with pain severity level of 8-9/10. Physical examination demonstrated lumbar pain, positive facet loading test this with reduced range of motion. Compression test is also positive on the right sacroiliac joint. The patient was treated with Ultracet, Norflex and Relafen and injections. The patient was treated with sacroiliac joint injections and block, however the resulted were not reported. The patient requested authorization for denervation of the right sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Denervation Right Sacroiliac Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Online Edition.

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 (Acute & Chronic), Sacroiliac joint radiofrequency

neurotomy(<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjointradiofrequencyneurotomy>)

Decision rationale: There is no documentation of the results of previous sacroiliac joint injections and block. There no objective quantification of the effect of pain medications used to treat the patient condition. Therefore, the request for Denervation of right sacroiliac joint is not medically necessary.