

Case Number:	CM13-0050713		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2004
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation 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:

The patient is a 55-year-old male who reported an injury on 04/02/2004 due to lifting an object. The patient reportedly sustained injury to the cervical spine, right upper extremity and low back. Prior treatments included surgical intervention for the shoulder, physical therapy, a home exercise program, and medications. The patient did undergo a diagnostic right sacroiliac joint injection that provided positive results. The patient's most recent clinical examination findings revealed the patient had chronic lumbar pain that radiated into the lower extremities. The patient had tenderness to palpation over the right L2 through L5 facet joints with limited range of motion secondary to pain and positive right sacroiliac joint provocative maneuvers. The patient's diagnoses included bilateral lumbar facet pain and arthropathy and low back pain, and left hip mild degenerative joint disease. The patient's treatment plan included a sacroiliac joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic Guided Right Sacroiliac Joint Radiofrequency Nerve Ablation (neurotomy/rhizotomy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 requested fluoroscopic guided right sacroiliac joint radiofrequency nerve ablation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a diagnostic sacroiliac joint injection that provided 70% pain relief for approximately 2 hours. However, Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy due to lack of scientific evidence to support the efficacy and safety of this procedure. The clinical documentation submitted for review does not provide any exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested fluoroscopic guided right sacroiliac joint radiofrequency nerve ablation is not medically necessary or appropriate.