

Case Number:	CM13-0051183		
Date Assigned:	12/27/2013	Date of Injury:	07/20/2010
Decision Date:	08/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & 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 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 injured worker is a 51-year-old male who reported an injury on 07/20/2010. The mechanism of injury was not provided. On 12/10/2013 the injured worker presented with bilateral low back pain. Upon examination there was tenderness to palpation of the bilateral lumbar paraspinal muscles over the L2-5 facet joints. There was tenderness upon the right sacroiliac joint and lumbar range of motion was restricted by pain in all directions. The muscle strength was 5/5 in the lower extremities. The diagnoses were positive diagnostic sacroiliac joint injection, right sacroiliac joint pain, bilateral lumbar facet joint pain at L3-4 and L4-5, lumbar sprain/strain. Treatment included medications, injections, and urine drug screens. The provider recommended a right sacroiliac joint radiofrequency nerve ablation with fluoroscopic guidance, to more permanently treat the injured worker's right sacroiliac joint pain, given the positive diagnostic right sacroiliac joint injection that provided 80% improvement with positive sacroiliac joint provocative maneuvers. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT SACROILIAC JOINT RADIOFREQUENCY NERVE ABLATION WITH FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: A right sacroiliac joint radiofrequency nerve ablation with fluoroscopic guidance is non-certified. The Official Disability Guidelines do not recommend a sacroiliac joint radiofrequency nerve ablation. Use of the technique has been questioned due to the fact that innervation of the SI joint remains unclear. The guidelines do not recommend a sacroiliac joint radiofrequency nerve ablation; the procedure would not be warranted. There is lack of exceptional factors provided in the documentation submitted to support approving outside of the guideline recommendations. As such, the request is not medically necessary.