

Case Number:	CM13-0056807		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2002
Decision Date:	04/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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. 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 55-year-old gentleman who was injured on 7/12/02. The clinical records provided for review included a Pain Management assessment dated 10/29/13 that documented complaints of low back pain radiating to the left greater than right buttock. The Pain Management assessment documented the claimant's diagnosis of facet syndrome and physical examination findings noted full active range of motion and tenderness noted over the facets, spasm to the right greater than left paralumbar musculature, with "neuropathic pain along the anterior right leg." The claimant's working assessment was that of chronic low back pain, left greater than right leg pain, pseudoradicular pain, and lumbar spondylosis, myofascial pain, shoulder pain, and knee complaints. The recommendations were for dual injection procedures the first to be performed at the right sacroiliac joint and the second to be repeated L3 through L5 radiofrequency ablation for which the claimant had previously undergone in the past. A previous MRI dated 7/3/13 demonstrated multilevel spondylosis with post-surgical changes identified including lumbar fusion with laminectomy at the L3-4 level and neural foraminal narrowing at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC (SI) JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Hip and Pelvis Chapter Procedure Summary, updated 6/12/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure - Sacroiliac joint blocks

Decision rationale: Based on Official Disability Guidelines, as the CA MTUS and ACOEM Guidelines are silent, the request for a sacroiliac joint injection would not be indicated. While the claimant has subjective complaints of buttock pain, there is documentation of physical examination findings supportive of a sacroiliac joint dysfunction. The lack of appropriate documentation of at least three physical examination findings while ruling out other causes of the pain generators would fail to necessitate the requested injection process.

RIGHT RADIOFREQUENCY ABLATION AT L3, L4 AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low Back Procedure Summary, updated 10/9/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Facet joint radiofrequency neurotomy

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. Based upon the Official Disability Guidelines, the request for repeat radiofrequency ablation at the L3 through L5 level would not be indicated. The medical records do not indicate when the claimant's prior radiofrequency ablation procedure took place. It is also noted that the claimant has a diagnosis of pseudoradiculopathy and complains of leg pain. According to ODG, there should be a six month interval between procedures and a neurotomy should not be repeated unless at least 50 percent or greater relief is obtained for 12 weeks. Radicular processes would be a direct contraindication to radiofrequency ablation procedures. It is also clearly indicated that the claimant is status post a prior fusion procedure at the L3-4 level which in and of itself would also be a direct contraindication to facet joint procedures. Therefore, the request for repeat radiofrequency ablation cannot be supported.