

Case Number:	CM13-0059982		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2006
Decision Date:	08/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Texas and Ohio. 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 55-year-old female who reported an injury on 02/20/2006. The mechanism of injury involved heavy lifting. The current diagnosis is bilateral sacroiliitis. The injured worker was evaluated on 10/09/2013. It is noted that the injured worker has been previously treated with anti-inflammatory medication, physical therapy, pain medication, and an epidural steroid injection. The injured worker reported 10/10 lower back pain with activity limitation. Physical examination on that date revealed bilateral paraspinal tenderness in the area of the sacroiliac joint, limited range of motion, a normal gait, 5/5 motor strength, 2+ deep tendon reflexes, and intact sensation. X-rays of the lumbar spine obtained in the office on that date indicated no acute bony injury or fracture. There was also no evidence of instability on flexion or extension views. Treatment recommendations at that time included a sacroiliac rhizotomy on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SI JOINT 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 (ODG).

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 Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Official Disability Guidelines state sacroiliac joint radiofrequency neurotomy is not recommended. Larger studies are needed to confirm results and determine optimal candidates and treatment parameters. Therefore, the current request cannot be determined as medically appropriate.