

Case Number:	CM13-0064008		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2011
Decision Date:	04/04/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 48-year-old male who reported an injury on 08/16/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with a lumbar strain, degenerative disc disease with protrusion in the lumbar spine, and disc protrusion with annular tear. The patient was recently seen by [REDACTED] on 11/20/2013. The patient reported severe left lumbosacral spine pain with radiation to the left lower extremity. Physical examination revealed no acute distress, normal gait, intact motor and sensory function, and restricted range of motion. Treatment recommendations included authorization for a left SI joint rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 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) for Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Official Disability Guidelines state sacroiliac joint radiofrequency neurotomy is not recommended. As per the documentation submitted, the patient's physical examination does not reveal positive examination findings suggesting a sacroiliac etiology. The patient's physical examination only revealed restricted lumbar range of motion secondary to pain. The medical necessity has not been established. As Official Disability Guidelines do not recommend the requested procedure, the current request cannot be determined as medically appropriate. As such, the request is non-certified.