

Case Number:	CM13-0065566		
Date Assigned:	01/03/2014	Date of Injury:	10/04/1991
Decision Date:	06/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Cal. 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:

According to the records made available for review, this is a 41-year-old male with a 10/4/91 date of injury. At the time (11/27/13) of request for authorization for one (1) radiofrequency ablation of the bilateral SI joints, there is documentation of subjective (pain in the low back and buttock area traveling to the thighs and calves) and objective (tenderness to low back and sacroiliac joints) findings, current diagnoses (lumbar degenerative disc disease, lumbar radiculopathy, bilateral sacroiliac joint arthropathy, right piriformis syndrome, and lumbar facet arthropathy), and treatment to date (sacroiliac joint injection and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RADIOFREQUENCY ABLATION OF THE BILATERAL SI JOINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac joint radiofrequency neurotomy

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: MTUS does not address this issue. ODG identifies that sacroiliac joint radiofrequency neurotomy is not recommended. Therefore, based on guidelines and a review of

the evidence, the request for one (1) radiofrequency ablation of the bilateral SI joints is not medically necessary.