

Case Number:	CM13-0072562		
Date Assigned:	01/08/2014	Date of Injury:	06/16/2011
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/27/2013

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 patient was injured on 06/16/2011 while arranging charts and files in her cubicle area when she noticed increased pain at her back. She noted this on a continuous trauma basis. Prior treatment history has included physical therapy, HEP, lumbar spine trigger point injections and medication. Diagnostic studies reviewed include MRI of the lumbar spine dated 07/23/2013 with findings of 2-3 mm disc protrusions at L4-5 and L5-S1 with evidence of mild degenerative changes and narrowing of the left neural foramina with abutment of the exiting L4 nerve root. Pain management follow-up documented the patient with complaints of back pain which she rates 1/10 on a pain scale. She had received bilateral sacroiliac joint injections on 11/07/2013 and she got relief the second day. She has 95% relief of pain. She has decreased her medication use and she is able to walk. She denies taking any medications since the injections. The patient also has groin pain on the right side. Objective findings on exam reveal the patient has a wide-based gait. Heel to toe walk is performed with difficulty secondary to low back pain. Examination of the lumbar spine reveals there is diffuse tenderness over the lumbar paravertebral musculature. There is mild facet tenderness noted. Treatment Recommendations: I am requesting authorization for bilateral sacroiliac joint rhizotomy. The patient has received 95% relief from sacroiliac joint injections. The patient should also receive a hot/cold unit following the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC 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, Hip And Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip And Pelvis, Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. The ODG Guidelines do not recommend sacroiliac joint radiofrequency rhizotomy/neurotomy as a treatment option for sacroiliac joint dysfunction. There are multiple techniques for this procedure; however, the literature does not support one reliable technique due to the variable innervation patterns to the sacroiliac joint. There is also limited information to determine viable candidates for this procedure. In addition, the medical records indicate that the patient underwent an intra-articular sacroiliac joint injection and not a lateral branch nerve block as a diagnostic test to determine if the joint is a pain generator. Therefore, the request for Bilateral Sacroiliac Joint Rhizotomy is not medically necessary and appropriate.

HOT/COLD UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip And Pelvis, Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: The ODG Guidelines do not recommend sacroiliac joint radio frequency neurotomy. There are multiple techniques for this procedure; however, the literature does not support one reliable technique due to the variable innervation patterns to the sacroiliac joint. There is also limited information to determine viable candidates for this procedure. In addition, the medical records indicate that the patient underwent an intra-articular sacroiliac joint injection and not a lateral branch nerve block as a diagnostic test to determine if the joint is a pain generator. Based on the lack of medical necessity for the treatment, there is no indication for a Hot/Cold Unit post-procedure. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. Therefore, the request for Hot/Cold Unit is not medically necessary and appropriate.