

Case Number:	CM14-0000522		
Date Assigned:	01/10/2014	Date of Injury:	05/25/2011
Decision Date:	04/22/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 is a 43 year old male who was injured on 05/25/2011. The exact mechanism of injury is unknown according to the records. The patient has been treated conservatively with left SI joint RFA on 01/02/2013 and a lumbar (2-5) RFA on 06/26/2013. The patient states he had relief from the SI injection but not the lumbar. Other treatments have included prescription medications and physical therapy. PR-2 dated 10/16/2013 reports the patient to have an average pain of 4-6/10 and functional level at 5-6/10. PR-2 dated 01/21/2013 (date closest to the reported positive results from the RFA) revealed pain at 6-7/10 and functional level at 4/10. Subjectively, the patient continued with complaints of low back pain radiating into the buttock and posterior aspect of the left leg. On examination, there is tenderness over the left SI joint. There is decreased AROM noted in the lumbar spine, he has 4/5 hip flexion and extension strength. Patient states the radicular pain is worse than the lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT SACROILIAC JOINT RADIOFREQUENCY ABLATION: 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), Low Back Procedure Summary

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 (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy

Decision rationale: As per ODG guidelines which states Sacroiliac joint radiofrequency neurotomy is not recommended. The use of Sacroiliac joint radiofrequency neurotomy has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation to be utilized. Larger studies are needed to confirm the optimal candidates and treatment parameters for this poorly understood disorder. As the requested treatment is not recommended and there is not enough RCT's on the procedure, further, there is no significant functional improvement documented from the last injection. Therefore, the request is not medically necessary.