

Case Number:	CM14-0000753		
Date Assigned:	01/17/2014	Date of Injury:	09/05/2000
Decision Date:	06/10/2014	UR Denial Date:	12/19/2013
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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 69-year-old woman who sustained a work-related injury on September 5, 2000. She subsequently developed chronic back pain. According to the note dated on November 21, 2013, the patient reported an improvement with a previous sacroiliac. However, this relief was temporary. She reported chronic neck pain. Her EMG demonstrated bilateral L5 denervation. Her MRI demonstrated lumbar stenosis above the lumbar fusion. Physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. The patient was diagnosed with lumbar radiculopathy, sacral arthropathy, lumbar facet arthropathy, status post spinal fusion and peripheral neuropathy. The patient was treated with Bupropion, Gabapentin, Oxycodone, and Zolpidem. The patient was also treated with acupuncture, electric stimulation, spinal injections and surgery. The provider requested authorization for a radiofrequency ablation of the left sacroiliac joint.

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 LEFT SACROILIAC JOINT:

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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the ODG, "Sacroiliac joint radiofrequency neurotomy. Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of $20 \hat{\pm} 5.7$ weeks. The use of all of these techniques 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. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure." Within the medical records provided for review, there is no detailed documentation of the results of previous lumbar injections. There is no documentation of recent use of more conservative therapies and the need for radiofrequency ablation is not clear. There is no recent objective quantification of the effect of pain medications used to treat the patient's condition. Therefore, the request is not medically necessary and appropriate.