

Case Number:	CM14-0001921		
Date Assigned:	01/24/2014	Date of Injury:	04/15/2009
Decision Date:	06/16/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of April 15, 2009. Treatment to date has included medications, physical therapy, home exercise program, acupuncture, right L4-5 and L5-S1 transforaminal epidural steroid injections, and right sacroiliac joint injection. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain, 5/10, described as sharp and needle-sticking, and radiating to the bilateral legs. On physical examination, gait was antalgic to the right. A musculoskeletal examination was not included in the most recent medical note. Utilization review from December 24, 2013 denied the request for outpatient sacroiliac joint rhizotomy and neurolysis. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SACROILIAC JOINT RHIZOTOMY AND NEUROLYSIS: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326.

Decision rationale: According to the MTUS/ACOEM Practice Guidelines, radiofrequency lesioning of dorsal root ganglia for chronic sciatica is not recommended. In this case, there was no discussion regarding the indication for sacroiliac joint rhizotomy and neurolysis despite adverse guideline evidence. There is no clear indication for the requested procedure. Therefore, the request for outpatient sacroiliac joint rhizotomy and neurolysis is not medically necessary and appropriate.