

Case Number:	CM14-0006050		
Date Assigned:	03/03/2014	Date of Injury:	04/30/2001
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 65 year old female who reported an injury on 04/30/01. A review of the clinical notes revealed no information regarding the initial injury. The clinical note dated 08/24/12 indicates the injured worker reporting a flare up of SI joint pain despite a previous radiofrequency rhizotomy on 06/29/12. The injured worker reported persistent SI joint pain for approximately 2 months since the RF rhizotomy procedure. The injured worker reported ongoing low back and right lower extremity spasms. There is an indication the injured worker had received IV Morphine; however, this produced vomiting. The pain was rated as 2/10 in the low back and right lower extremity. There is an indication the pain had been alternating from side to side in the lower extremities. The low back pain was rated as 8/10. The operative note dated 07/22/13 indicates the injured worker undergoing an L5 through S3 radiofrequency rhizotomy under fluoroscopic guidance and sedation. The clinical note dated 11/14/13 indicates the injured worker rating the low back pain as 5-8/10. The injured worker was utilizing Relafen and Ultram as well as Ambien for pain relief. There was also an indication that the injured worker is utilizing Lidoderm patches as well. The clinical note dated 12/13/13 indicates the injured worker complaining that the pain was interfering with her activities of daily living to include sleep, relationships, mood, and concentration. The clinical note dated 02/12/14 mentions the injured worker complaining of 7-8/10 pain. The previous radiofrequency rhizotomy reduced 50% pain for over 3 months. There is an indication the injured worker has complaints of tingling and intermittent numbness in the posterior thigh. A positive Patrick's sign was identified. The consultation note dated 01/10/14 indicates the injured worker complaining of radiating pain from the low back into the lower extremities all the way to the feet, right greater than left. Numbness was also identified at the feet. The utilization review dated 01/03/14 resulted in a denial for a

bilateral SI joint radiofrequency ablation at L5 through S3 as only 2 clinical findings had been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SI JOINT AT L5, SA, S1, S2, S3: 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; Sacroiliac Joint Blocks.

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

Decision rationale: The request for a bilateral SI joint block at L5, SA, S1, S2, and S3 is non-certified. There is an indication the injured worker is experiencing sacroiliac related pain. The clinical notes indicate there is a positive Patrick's sign. However, no other findings were identified in the documentation. A sacroiliac block is supported with documentation of at least 3 positive exam findings. Given that only 2 positive exam findings are indicated, this request is not medically necessary.

BILATERAL SI JOINT RADIOFREQUENCY 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; Sacroiliac Joint Blocks.

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

Decision rationale: 1. BILATERAL SI JOINT AT L5, SA, S1, S2, S3 IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the Non-MTUS Citation: Official Disability Guidelines, Hip And Pelvis Chapter; Sacroiliac Joint Blocks. The Expert Reviewer based his/her decision on the Non-MTUS Citation: Official Disability Guidelines (Odg) Hip And Pelvis Chapter, Sacroiliac Joint Radiofrequency Neurotomy.. The Expert Reviewer's decision rationale: The request for a bilateral SI joint block at L5, SA, S1, S2, and S3 is non-certified. There is an indication the injured worker is experiencing sacroiliac related pain. The clinical notes indicate there is a positive Patrick's sign. However, no other findings were identified in the documentation. A sacroiliac block is supported with documentation of at least 3 positive exam findings. Given that only 2 positive exam findings are indicated, this request is not medically necessary. 2. BILATERAL SI JOINT RADIOFREQUENCY RHIZOTOMY IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the Non-MTUS Citation:

Official Disability Guidelines, Hip And Pelvis Chapter; Sacroiliac Joint Blocks. The Expert Reviewer based his/her decision on the Non-MTUS Citation: Official Disability Guidelines (Odg), Hip And Pelvis Chapter, Sacroiliac Joint Radiofrequency Neurotomy.. The Expert Reviewer's decision rationale: Currently, no high quality studies exist supporting the use of a radiofrequency rhizotomies at the SI joint. Given that no high quality studies currently exist supporting the safety and efficacy of the use of radiofrequency rhizotomies at the SI joint, this request is not medically necessary.