

Case Number:	CM14-0104128		
Date Assigned:	07/30/2014	Date of Injury:	06/04/2000
Decision Date:	12/31/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 injured worker is a 55-year-old female who reported injury on 06/04/2000. The injured worker was noted to undergo multiple spinal surgeries including an interbody fusion at L4-S1. The injured worker underwent an MRI of the lumbar spine on 05/31/2012. The mechanism of injury was not provided. The injured worker underwent x-rays of the lumbar spine on 04/03/2013 which revealed L4-S1 postoperative changes and mild L2-3 disc space narrowing and retrolisthesis. Prior therapies included medications, caudal epidural steroid injections, and sacroiliac joint injections in the past which did not provide lasting relief. The injured worker was noted to undergo bilateral sacroiliac joint radiofrequency ablations which provided significant relief. The injured worker's medications included Naprosyn. The documentation of 03/06/2014 revealed the injured worker needed to proceed with right SI joint injection due to significant pain. The injured worker was noted to have a radiofrequency ablation in the past which gave greater than 1 year relief. Additionally, the diagnoses included failed back syndrome, low back pain and bilateral SI joint pain. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI 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.

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 Chapter, Sacroiliac joint radiofrequency neurotomy

Decision rationale: The Official Disability Guidelines indicate that radiofrequency neurotomies are not recommended. The clinical documentation submitted for review indicated the injured worker had previously undergone a radiofrequency ablation which gave greater than 1 year relief. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for left SI joint rhizotomy is not medically necessary.