

Case Number:	CM14-0106978		
Date Assigned:	09/15/2014	Date of Injury:	05/26/2013
Decision Date:	10/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 05/26/2013. The mechanism of injury was due to falling on his back while applying torque to a piece of equipment. The diagnoses included thoracic back pain, left and right lumbar facet arthritis, sacroiliac joint arthritis, and lumbar radiculopathy. Past treatments included medications and a transforaminal epidural steroid injection. The diagnostic studies included a lumbar MRI on 07/09/2013 that revealed degenerative changes, and there was marginal spurring at T12-L5 and facet arthropathy at L2-3; a thoracic MRI on 05/08/2007 revealed tiny complex cord compressions at C5-6, posterior complex cord impingement at C6-7, and osteophyte complex impinging on the cord at C7-8. Surgical history included status post bilateral L5 transforaminal epidural steroid injections with 25% relief with no date indicated. On 09/29/2014, the injured worker complained of mild pain with activity and lumbar flexion which made it worse. He had upper back pain that burned and lower back pain that was dull and achy. He had dysesthesias in his legs, and the pain was relieved by sitting with his legs up. The physical exam findings noted his left low back/left sacroiliac joint had flared; he had a positive Patrick's, Faber's, and Gaenslen's test; his flexion and extension were at 4/5 for motor strength of the left knee; and there was swelling, atrophy, and normal sensation. Medications included Norco, Lidoderm, Motrin, Soma, and Terocin patch. The treatment plan indicated a Request for Authorization for a left sacroiliac joint radiofrequency ablation. The rationale for the request was noted that the injury caused his low back pain which was due to his sacroiliac joint injury; he was also noted to have had great, but short term, relief from a previous left sacroiliac joint injection. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left Sacroiliac Joint injection with radio frequency/ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy

Decision rationale: The request for an outpatient left sacroiliac joint injection with radio frequency and ablation is not medically necessary. The injured worker has a history of thoracic back pain, left and right lumbar facet arthritis, sacroiliac joint arthritis, and lumbar radiculopathy. The Official Disability Guidelines state sacroiliac joint radiofrequency neurotomy is not recommended as there is limited evidence for the procedure. The injured worker was noted to have had relief from a previous sacroiliac joint injection on the left. Physical examination revealed positive Patrick's, Faber's, and Gaenslen's tests. There is no indication of the failure of conservative care. Nonetheless, the guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Therefore, the request is not supported. As such, the request for an outpatient left sacroiliac joint injection with radio frequency and ablation is not medically necessary.