

Case Number:	CM14-0108776		
Date Assigned:	09/16/2014	Date of Injury:	07/20/2013
Decision Date:	10/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Management and is licensed to practice in California and Nevada. 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 32 year old male who reported an injury to his low back as a result of injuries while working as a tow truck operator. A clinical note dated 01/09/14 indicated the injured worker undergoing chiropractic manipulation and utilizing pain medications to address low back complaints. Upon exam, the injured worker demonstrated 15 degrees of flexion in the lumbar spine and 10 degrees of extension and bilateral lateral flexion. The injured worker had positive straight leg raise on the right at 10 degrees. Pain radiated into the gluteals. The injured worker had positive Kemp sign bilaterally. The therapy note dated 01/30/14 indicated the injured worker completing three physical therapy sessions to date. A clinical note dated 02/11/14 indicated the injured worker continuing with cervical spine and lumbar spine pain. The injured worker rated the low back pain 8-9/10. The injured worker stated the initial injury occurred when he was pushing an SUV on to a flatbed truck resulting in pop and subsequent low back pain. The injured worker described the low back pain as sharp and stabbing sensation. The injured worker reported neck pain radiating to the right upper extremity. The injured worker underwent injections throughout the lumbar spine. A clinical note dated 02/26/14 indicated the injured worker continuing with low back complaints. The injured worker reported unexpected weight gain of approximately 50 pounds since the initial injury. A clinical note dated 03/06/14 indicated the injured worker complaining of lumbar spine pain radiating to the right hip to the knee. The injured worker continued with range of motion deficits throughout the lumbar spine. The injured worker was recommended for rhizotomy at the sacroiliac level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES 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 and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy

Decision rationale: The injured worker complained of ongoing low back pain radiating to the lower extremities. No high quality studies have been published in peer reviewed literature supporting the use of rhizotomies at the sacroiliac joint. There appears to be preliminary evidence supporting radiofrequency denervation in the sacroiliac joint; however, without confirmatory evidence in place for the safety and efficacy of the use of this procedure this request is not indicated as medically necessary.