

Case Number:	CM14-0109093		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2011
Decision Date:	10/21/2014	UR Denial Date:	07/01/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 08/02/2011. Reportedly, the injury occurred when the injured worker was stopped at the yard when a train came by and clipped the golf cart. The injured worker sustained injuries to her neck, head, low back, and bilateral shoulders and arms. The injured worker's treatment history included neurological consultation, MRI studies, physical therapy sessions, urine drug screen, bilateral sacroiliac joint injections, and medications. The injured worker was evaluated on 04/22/2014 and it was documented the injured worker complained of low back pain with no radicular symptoms rated at 8/10 on the pain scale. The physical examination revealed antalgic gait, diffuse tenderness noted over the paravertebral musculature, moderate to severe facet tenderness, sacroiliac tenderness, positive Faber's/Patrick's bilaterally, positive sacroiliac thrust test bilaterally, positive Yeoman's test bilaterally, positive seated and supine straight leg raise bilaterally, and decreased lumbar range of motion. The provider noted the injured worker had bilateral SI joint injections on 03/21/2014 with a reported 80% improvement for 2 weeks, decrease in pain medication, improved sleep pattern, and able to walk longer periods with slight discomfort following the injection. The diagnoses included lumbar disc disease and bilateral sacroiliac joint arthropathy. The Request for Authorization dated 04/22/2014 was for bilateral steroid injections rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral steroid injections 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) Low Back & Lumbar- Thoracic. Facet Joint Radio Frequency Neurotomy.

Decision rationale: Official Disability Guidelines (ODG) state that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called facet rhizotomy, radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. The provider indicated the injured worker had undergone bilateral SI joint injections on 03/21/2014 and reported 80% improvement for 2 weeks, a decrease in pain medication, improved sleep pattern, and able to walk for longer periods with slight discomfort following the injection. However, long term goals were not submitted for the injured worker. Additionally, the provider failed to submit outcome measurements of prior conservative care treatments such as physical therapy and a home exercise regimen for the injured worker. As such, the request for bilateral steroid injections rhizotomy is not medically necessary.