

Case Number:	CM14-0010154		
Date Assigned:	02/21/2014	Date of Injury:	12/17/2012
Decision Date:	06/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Sports 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 42-year-old male with a reported date of injury on 12/17/2012. The mechanism of injury occurred while the injured worker was lifting cases off a pallet to another pallet and his left foot on the first pallet was balancing while he was lifting and hoisting a case to his left when the pallet gave way and his right foot was turned. His body turned to the left side and he felt a popping sensation in the right lower back and has had the immediate onset of pain since then. An MRI to the lumbar spine dated 08/28/2013 reported minimal L4-5 disc bulging with minimal bilateral foraminal encroachment and congenital spinal stenosis secondary to short pedicles. The operative report dated 11/27/2013 reported a right-sided sacroiliac joint injection with fluoroscopy. An electromyography and nerve conduction study performed 09/04/2013 showed that there is no electrodiagnostic evidence of peripheral neuropathy to the bilateral legs and no evidence of lumbar radiculopathy bilaterally. The progress note dated 12/11/2013 reported the injured worker's sacroiliac joint injection gave him 100% relief of his pain symptoms and was fully functional for about 3 days afterward. The request of authorization form was not submitted with the medical records. The request is for a right sacroiliac joint nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT NERVE ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ODG-TWC

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, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The request for a right sacroiliac joint nerve ablation is not medically necessary. The injured worker has received a previous sacroiliac joint nerve ablation with 100% pain relief for 3 days. The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies. The guidelines state that there is limited evidence found for this procedure. The injured worker received this procedure and it only provided 3 days of 100% pain relief and the guidelines do not recommend using this procedure for longterm pain relief. Therefore, the request is not medically necessary.