

Case Number:	CM14-0010606		
Date Assigned:	02/21/2014	Date of Injury:	08/08/2000
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Medicine and is licensed to practice in Tennessee. 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 patient is a 54-year-old female who has submitted a claim for fibromyalgia with generalized nociceptive tenderness, fatigue and headaches; right sacroiliitis; left shoulder impingement; and bilateral knee internal derangement associated with an industrial injury date of August 8, 2000. Medical records from 2002-2014 were reviewed. The patient complained of pain on the right sacroiliac joint. The pain was severe and was stopping her from many activities. Physical examination showed moderate-to-severely tender sacroiliac joint sulcus. There was severe pain when attempting Patrick maneuver. Fabere's maneuver was severely painful as well. MRI of the lumbosacral spine, dated December 4, 2013, revealed L4-L5 3-4mm broad-based disc protrusion with bilateral foraminal narrowing and impingement on the exiting nerve roots bilaterally, L5-S1 and L3-L4 2-3mm broad-based disc protrusion with foraminal narrowing and impingement on the exiting nerve roots, T12-L1 and L2-L3 1-2mm disc protrusion without foraminal narrowing or impingement on the exiting nerve roots, and left renal cortical cyst. Treatment to date has included medications, physical therapy, physiotherapy, home exercise program, psychotherapy, activity modification, cervical facet rhizotomy, carpal tunnel release, ulnar release surgery, TENS, aqua therapy, and sacroiliac joint steroid injection. Utilization review, dated January 14, 2014, denied the request for sacroiliac joint rhizotomy, right side. Reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT RHIZOTOMY, RIGHT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, Chapter 12, Low Back Complaints, pg. 286-326 as well as the Non-MTUS ODG, Hip and Pelvis Section, Sacroiliac Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Section, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: According to pages 286-326 of the ACOEM Practice Guidelines referenced by California MTUS, radiofrequency lesioning of dorsal root ganglia for chronic sciatica is not recommended. In addition, ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. In this case, the rationale of the request was for more sustained pain relief than steroid injections can provide. However, the requested procedure is not recommended by the guidelines. Therefore, the request for Sacroiliac Joint Rhizotomy, Right Side is not Medically Necessary.