

Case Number:	CM14-0011218		
Date Assigned:	03/14/2014	Date of Injury:	09/29/1998
Decision Date:	08/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/28/2014

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 California. 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:

This is a 79-year-old male with a September 29, 1998 date of injury. The exact mechanism of injury has not been described. On October 16, 2013, the patient returned s/p abdominal hernia repair on August 14, 2013. He complains of severe neck pain after his surgery, as well as pain to the right foot. He notes that after his previous right SI RFA, he had decreased pain overall. His average pain level is 8/10 with baseline lumbar and leg pain, with pain over the right greater than left left SI joint. Objective exam: he uses a walker to ambulate. Limited ROM of the lumbar spine, and sit to stand is painful. Diagnostic Impression is Neuropathic Pain, Chronic Back Pain, Post-Laminectomy Syndrome. Treatment to date: medication management, physical therapy, spinal cord stimulator, and prior SI ablations, s/p decompression and posterior spinal fusion at L4 to S1 in 2000, posterior fusion T12-L3 in December of 2004. A UR decision dated December 23, 2013 denied the request for right SI Joint Reablation at S1, S2, and S3 based on the fact that current medical literature does not support the use of this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT REABLATION AT S1, S2, S3: Upheld

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

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) ODG Hip and Pelvis Chapter: SI Joint Neurotomy.

Decision rationale: The Low Back Complaints Chapter American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that radiofrequency lesioning of the dorsal root ganglia for chronic sciatica is not recommended. 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. However, there is lack of medical evidence to support SI Joint Radiofrequency Ablations. There is no specific rationale provided as to why the patient needs this procedure despite lack of guideline support. The patient is noted to have had a prior SI joint ablation with decreased pain overall, but there is no clear discussion of when he had the procedure, and any specific documentation of decreased pain medication, functional improvement, and gains in activities of daily living. Therefore, the request for Right Sacroiliac Joint Reablation at S1, S2, and S3 was not medically necessary or appropriate.