

Case Number:	CM14-0018121		
Date Assigned:	04/16/2014	Date of Injury:	07/09/2013
Decision Date:	06/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

The injured worker is a 42 year old male who reported an injury on 07/09/2013 secondary to an unknown mechanism of injury. The injured worker was evaluated on 03/18/2014 and reported non-radicular right low back pain and right buttock pain of unknown severity. On physical exam, he was noted to have tenderness upon palpation of the right sacroiliac joint sulcus, positive sacroiliac compression and Yeoman's on the right side, with restricted range of motion in the lower extremities bilaterally. The injured worker was diagnosed with right sacroiliitis, right lumbar facet joint arthropathy, and right lumbar sprain/strain. Medications at the time of the most recent evaluation note included Xanax, Klonopin, Wellbutrin, Celexa, Neurontin, and Norco 5/325mg three times a day. It was noted that the injured worker has previously undergone an anterior cervical discectomy and fusion at C6-C7. He also had a sacroiliac joint injection on 01/02/2014 which was noted to have provided significant relief. A request for authorization was submitted on 04/11/2014 for fluoroscopically-guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY-GUIDED RIGHT SACROILIAC JOINT RADIOFREQUENCY NERVE ABLATION (NEUROTOMY/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) Hip & Pelvis, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The injured worker was diagnosed with right sacroiliitis and a sacroiliac joint injection on 01/02/2014 was noted to have provided relief. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended as there is not conclusive evidence to demonstrate persistent pain relief. Guidelines also state that there is controversy over the correct technique for radiofrequency denervation. Therefore, despite documentation showing a successful sacroiliac joint injection, the requested procedure is not currently supported by the Official Disability Guidelines. As such, the request for fluoroscopically-guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) is not medically necessary and appropriate.