

Case Number:	CM14-0111200		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2002
Decision Date:	09/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 Illinois. 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 61-year-old female who reported injury on 06/08/2002 due to repetitious job duties. Diagnoses include low back pain with left sacroiliac joint pain. Past medical treatment consists of injection therapy, medication management, physical therapy, and home exercise program. Medications include Methadone 10 mg 4 times a day, Robaxin 750 mg, Prilosec 20 mg daily, Ambien 10 mg, amitriptyline 150 mg, Zocor 20 mg daily, Norco 10/325 2 tablets a day, Nasonex, and eye drops. An MRI of the lumbar spine obtained 06/17/2014 revealed that there was a transitional vertebra at the lumbosacral junction, which would be designated as S1. There had been previous extensive laminectomy from the L4 level to the sacrum. There was left lateral screw and plate fixation at the L3-4 level. There had been previous left sided basket cage placement at the L5-S1 level and more centrally at the L4-5 level. Alignment in the lumbar spine was normal. Marrow signal in the vertebral bodies was within normal limits. There were no significant osteophytic changes. The paravertebral and paraspinous soft tissues were unremarkable. The clonus was normal in position and signal. There was mild to moderate disc space narrowing from the L3-4 through the L5-S1 level. The injured worker underwent back surgery. The surgeries were of the lumbar spine L5-S1, one was done in 2003, and the other was done in 2006. The injured worker complained of severe low back pain that shot into the legs, bilaterally. The injured worker rated her pain at a severe 10/10 without medication and a 6/10 to 7/10 with medication. Physical examination dated 06/10/2014 revealed the injured worker's lower spine revealed pain when standing erect. Tenderness in the LS spine was +4 with muscle spasms. Leg raising test was positive at 45 degrees. When the injured worker was asked to stand and touch toes without bending the knees, she was not able to do so. Reflexes were normal with a negative Babinski. Treatment plan is for the injured worker

to undergo left sacroiliac joint ablation. The rationale and Request for Authorization form were not submitted in the report for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac joint ablation between 6/16/14 and 7/31/14 qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for Left Sacroiliac joint ablation between 6/16/14 and 7/31/14 qty 1 was not medically necessary. CA MTUS/ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The submitted report lacked any quantified evidence or documentation regarding the injured worker's diagnosis of lumbar facet joint pain. The submitted reports do not appropriately investigate involving controlled differential dorsal ramus medial branch diagnostic blocks. There was also a lack of motor strength, range of motion, and level of pain of the injured worker. Furthermore, the submitted report lacked the outcomes of previous injections and conservative care. As such, the request for Left Sacroiliac joint ablation between 6/16/14 and 7/31/14 qty 1 was not medically necessary.