

Case Number:	CM14-0117939		
Date Assigned:	08/06/2014	Date of Injury:	01/25/2013
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 enrollee is a 50 year old female presenting with chronic pain following a work related injury on 01/25/2013. On 3/3/2014, the claimant complained of sacroiliac joint pain. The physical exam showed tenderness to the sacroiliac joint. The claimant was diagnosed with left sacroilitis. A left sacroiliac joint injection under fluoroscopy was recommended. The claimant had diagnostic facet joint injection from L3 through S1 with one day of relief on 6/9/2014. Computerized tomography scan of the pelvis on 10/08/2013 showed well preserved joint spaces at the hip with preserved joint space at the sacroiliac joints with no evidence of sacroilitis. A claim was made for formal ablation procedure to the left sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1 Joint Ablation.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Official Disability Guidelines in Workers Compensation, 18th Edition, 2013 Updates: hip procedure.

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: According to the Official Disability Guide (ODG) sacroiliac joint radiofrequency neurotomy did not provide long-term relief to patients with confirmatory block diagnosis of sacroiliac joint pain that did not have long-term relief from these diagnostic injections. There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. The use of all of these techniques has been questioned in part due to the fact that the innervation of the sacroiliac joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. Given the low consensus on Sacroiliac joint ablation and the lack of quantifiable results the claimant received from the diagnostic sacroiliac joint injections, the requested procedure is not medically necessary.