MAXIMUS Federal Services

Case Number:	CM14-0119209		
Date Assigned:	08/06/2014	Date of Injury:	07/20/2013
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Orthopedic Surgery 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 31-year-old male tow truck operator sustained an industrial injury on 7/20/13. Injury was sustained pushing an SUV with two flat tires to the bed of a flatbed truck. The 8/2/13 lumbar spine MRI impression documented an unremarkable study. The patient was diagnosed with bilateral facet joint arthropathy and underwent bilateral sacroiliac joint injections on 4/14/14. The patient reported 80% improvement for 10 days following the sacroiliac joint injections. He was reportedly able to engage in activity that normally caused pain, walk for longer periods, bend and stoop with only slight discomfort, and reduce pain medications by half. The patient also underwent a lumbar epidural steroid injection in April 2014 with 70% improvement documented and improvement in walking and standing tolerance noted. The 6/17/14 treating physician report cited grade 8/10 lumbar pain radiating to the right leg and into the knee with stiffness, spasms, and needle like pain. He was taking medications regularly which were helping with pain. Lumbosacral exam documented diffuse paraspinal tenderness and spasms, moderate L4-S1 facet tenderness, positive bilateral sacroiliac provocative tests, equivocal straight leg raise, and mild loss of lumbar range of motion. Lower extremity neurologic exam was within normal limits. The treatment plan requested bilateral sacroiliac joint rhizotomy and encouraged continued home exercise program. The 6/19/14 appeal letter stated that bilateral sacroiliac joint rhizotomy was to provide meaningful relief of pain by selectively disabling nerve roots that are causing back pain and prevent signals from reaching the brain. The 7/18/14 utilization review denied the appeal request for bilateral sacroiliac rhizotomy based on an absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac rhizotomy qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The California MTUS guidelines do not recommend radiofrequency ablation for any spinal condition or radiofrequency lesioning of the dorsal root ganglia for chronic sciatica. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. Given the absence of guideline support for this procedure, this request is not medically necessary.