

Case Number:	CM14-0122313		
Date Assigned:	08/06/2014	Date of Injury:	12/23/1997
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 57-year-old male who reported an injury on 12/23/1997. The mechanism of injury was not provided in the medical records. His diagnoses include bilateral S1 radiculopathy, status post L5-S1 fusion; right spinal stenosis at L4-5; and bilateral SI joint dysfunction. His past treatments included facet injections, facet radiofrequency ablation, ice and heat applications, medications, use of an H-Wave unit, and bilateral SI joint injections on 05/19/2014. It was noted that the injured worker reported 60% symptom relief following the SI joint injections. The injured worker presented with complaints of SI joint pain and low back pain, rated 5/10 to 6/10. His physical examination revealed a positive pelvic compression test, a positive Fortin sign, and normal sensation and reflexes in the bilateral lower extremities. His medications include Norco, Anaprox, Prilosec, Viagra, and tramadol. The treatment plan included a pain management consultation of bilateral SI joint radiofrequency ablation; continued use with H-Wave unit, medication refills, and followup in 3 months. It was noted that the radiofrequency ablation of the bilateral SI joint was recommended based on the injured worker's 60% relief with diagnostic bilateral SI joint injections. The Request for Authorization form was submitted on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint RFA Radiofrequency ablation: 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: According to the Official Disability Guidelines, sacroiliac joint radiofrequency neurotomy is not recommended, as larger studies are needed to confirm the effectiveness of this procedure, determine the optimal candidates, and determine treatment parameters, as sacroiliac joint dysfunction is a poorly understood disorder. The injured worker was noted to have bilateral SI joint pain, and 60% relief of his symptoms after bilateral SI joint injections. However, as the evidence-based guidelines do not recommend radiofrequency ablation of the SI joints at this time, the request is not supported. As such, the request is not medically necessary.