

Case Number:	CM14-0123362		
Date Assigned:	08/08/2014	Date of Injury:	09/17/2011
Decision Date:	09/17/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/05/2014

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 and 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 49-year-old female who reported injury on 09/17/2011. The mechanism of injury was not submitted report. The injured worker has diagnoses of positive diagnostic right sacroiliac joint injection, right sacroiliac joint pain, right sacroiliitis, right lumbar facet joint pain at the L3-S1, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis and lumbar degenerative disc disease. The injured worker's past medical treatment includes physical therapy, home exercise program, injections and medication therapy. Medications include Flexeril 10 mg once a day, Norco 10/325 two times a day and ibuprofen 600 mg 4 times a day. The urinary drug screen that was obtained 02/24/2014, revealed the presence of hydrocodone, hydromorphone, dihydrocodeine, norhydrocodone. Report notes declared medications were not provided. As such, the injured worker was not in compliance with the MTUS. The injured worker is status post positive fluoroscopically guided diagnostic right L4-5 and right L5-S1 facet joint medial branch blocks. The injured worker complained of right low back pain that radiated to the right buttocks, which she rated at a 4/10. Physical examination dated 07/09/2014, revealed that the injured worker had tenderness upon palpation of the right lumbar paraspinal muscles overlying the L3-S1 facet joints. Lumbar range of motion were mildly restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar facet joint provocative maneuvers were mildly positive. Right sacroiliac provocative maneuvers, Patrick's, Gaenslen's were mildly positive and pressure at the sacroiliac sulcus were positive as well. Nerve root tension signs were negative bilaterally. Muscle strength reflexes were 2+ and symmetric bilaterally in all ends. Clonus, Babinski's and Hoffmann's signs were absent bilaterally. Muscle strength was 5/5 in all ends. The treatment plan was for the injured worker to undergo additional sacroiliac facet joint blocks under fluoroscopic guidance. The rationale is the provider feels the risks and benefits of the injection will be beneficial to the injured worker with authorization of

short term course of physical therapy. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy) per Report 7/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment / Disability Duration Guidelines; Hip and Pelvis (Acute and Chronic) Sacroiliac Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for Right Sacroiliac Facet Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy) Report 7/9/2014 is non-certified. The injured worker complained of right low back pain that radiated to the right buttocks, which she rated at a 4/10. According to the CA MTUS/ACOEM guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provide 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. Caution is needed due to scarcity of high quality studies. There was a lack of documentation showing how the injured worker responded to past medical treatment to include physical therapy, her home exercise program and other use of medication. Furthermore, the submitted request did not specify how many blocks the provider was requesting. Given the above, the injured worker is not within the MTUS guideline recommendations. As such, the request for right sacroiliac facet joint radiofrequency nerve ablation is non-certified.

Fluoroscopy Guidance Per Report Dated 7/9/2014: Upheld

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.