

Case Number:	CM14-0123721		
Date Assigned:	08/08/2014	Date of Injury:	09/28/2011
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 & 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 60-year-old male who reported an injury on 09/28/2011. The mechanism of injury was the injured worker bent over to retrieve a handgun magazine while attending a mandatory firearms training. The prior therapies included acupuncture, postoperative therapy for the low back, and aquatic therapy. The injured worker underwent a microdiscectomy at L4-5 and a decompression revision. The injured worker underwent prior epidural steroid injections. The prior diagnostic studies included a urine drug screen, lumbar x-rays, and an EMG/NCV as well as an MRI of the lumbar spine. The injured worker underwent a left sacroiliac joint and arthrogram with 1 week of total pain relief on 02/04/2014. Other treatments included medications. The documentation of 04/29/2014 revealed the injured worker had complaints of low back pain and left lower extremity pain as well as knee pain. The injured worker's current medications were noted to be Temazepam 7.5 mg capsules 1 to 2 at bedtime as needed, Lidocaine 5% ointment apply 3 times a day, Cyclobenzaprine 7.5 mg 1 tablet twice a day, Lansoprazole DR 30 mg capsules 1 every morning, Gabapentin 600 mg tablets 2 at bedtime, and Norco 10/325 mg tablets 1 to 2 tablets by mouth up to 3 days as needed for pain. The physical examination revealed the injured worker was relying on an assistive device for ambulation. The injured worker had pain with distal radiation upon deep palpation of the lumbar spine. The muscle strength was reduced in the quadriceps. The injured worker was not able to toe and heel walk. Upon compression of the pelvis, the injured worker had concordant pain in the buttocks. The diagnoses included sacroiliitis not elsewhere classified. The treatment plan included the physician advised the injured worker to proceed with an SI joint injection and before a total knee revision, the physician opined the injured worker should have 1 lumbar sympathetic block to see if it relieved the allodynia that was present. There was a DWC Form RFA submitted for review for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint/lower medial branch radio frequency ablation at S1, S2, S3 and S4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, (Acute & Chronic) (updated 03/25/2014): Sacroiliac joint radiofrequency neurotomy.

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 Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines do not recommend Sacroiliac Joint Radiofrequency Neurotomies. The injured worker had sacroilitis per the documentation and had objective findings upon testing. However, there was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. There was a lack of documented rationale for the requested procedure. Given the above, the request for Sacroiliac joint/lower medial branch radio frequency ablation at S1, S2, S3 and S4 is not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, (Acute & Chronic) (updated 03/25/2014): Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Moderate sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, (Acute & Chronic) (updated 03/25/2014): Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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