

Case Number:	CM14-0124436		
Date Assigned:	08/08/2014	Date of Injury:	10/05/2005
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient was injured on 10/5/2005. The diagnoses are low back pain and right sacroiliitis. There are associated diagnoses of depression and muscle spasm. The patient had completed PT, Chiropractic treatment, a home exercise program and medications management. On 5/16/2014, [REDACTED] noted that a right SI joint injection resulted in 80 % pain relief for 5 days. There was increase in ADL and no medication requirement to maintain pain relief. On 6/4/2014, [REDACTED], noted that the patient had antalgic gait and tenderness to palpation of muscle over the right SI joint. There were positive Patricks, Faber and Yeoman signs. The pain score was 7-8/10 on a scale of 0 to 10. A Utilization Review determination was rendered on 7/28/2014 recommending non certification for right sacroiliac joint Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Rhizotomy/Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis chapter subsection: SI joint radiofrequency/neurolysis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hip and Pelvic Chapter SI blocks.

Decision rationale: The CA MTUS was silent on SI joint injections and Rhizotomy. The ODG guidelines recommend that SI blocks can be utilized as an option when sacroiliac pain is non-responsive to more than 6 weeks of aggressive conservative management with PT, exercise and medications. The injection can be repeated after 2 months if the initial injection provided more than 80% pain relief lasting more than 6 weeks. The guideline does not support sacroiliac joint Rhizotomy procedure. The records indicate that the initial injection provided pain relief for only 5 days. The criteria for proceeding with the right sacroiliac joint Rhizotomy/Neurolysis procedure has not been met. Therefore the procedure is not medically necessary.