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| Case Number: | CM14-0132536 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 12/11/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male whose date of injury is 12/11/12. Progress report dated 02/18/14 the injured worker is noted to complain of low back pain increased with extension/lateral bending, points to the right sacroiliac (SI) joint, and denies no radicular symptoms. The injured worker has had L4-5 and L5-S1 transforaminal epidural steroid injections without significant benefit. A right SI joint injection was performed on 04/18/14, and the injured worker noted 80 percent relief following this injection that lasted five days and then her pain returned. Progress note dated 4/20/14 revealed complaints of neck and upper back pain, left wrist pain, and low back pain. The left knee was no longer symptomatic. Diagnostic imaging studies included Xray of the cervical spine revealed minimal spondylotic changes at C4 to C5 level, bilateral wrist Xrays were reported normal; lumbar spine Xrays revealed mild to moderate spondylotic changes involving the disc spaces vertebral body endplates and posterior elements of L4 to L5 and L5 to S1; pelvis and hips revealed normal with hip joint space measuring five millimeter bilaterally; knee films revealed three degrees valgus alignment bilaterally with slight medial joint space (five millimeters) narrowing bilaterally and lateral space (seven millimeters). The injured worker reportedly was able to decrease her medications and was able to do a little more than before. A prior utilization review determination dated 7/29/14 resulted in denial of one right sacroiliac joint rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Sacroiliac Joint Rhizotomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: Per Official Disability Guidelines (ODG), sacroiliac joint radiofrequency neurotomy/rhizotomy is not recommended as multiple techniques currently are described and the use of all of these techniques has been questioned in part due to the fact that the innervation of the SI joint remains unclear. While there is some evidence that RF denervation may provide intermediate term pain relief and functional benefit in selected patients with SI joint dysfunction, larger studies are needed to confirm these results and to determine optimal candidates and treatment parameters. The injured worker did experience significant short term relief after SI injection, current evidence based guidelines do not recommend the proposed denervation procedure. As such, medical necessity is not established for right sacroiliac joint rhizotomy.