

Case Number:	CM14-0137223		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2009
Decision Date:	10/08/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain Medicine 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 59-year-old male who reported an injury on 06/21/2009. The mechanism of injury was not provided in the medical records. His diagnoses include L4-S1 pseudarthrosis, regional pain syndrome of the right lower extremity, and failed back syndrome. His past treatments have included a spinal cord stimulator, medications, lumbar fusion surgery, home exercises, and use of electrical stimulation. On 04/28/2014, the injured worker presented with complaints of mid to low back pain with radiation into the bilateral buttocks and numbness in the right posterior thigh. He rated his pain 9/10. His physical examination revealed normal motor strength in the bilateral lower extremities and positive faber and Fortin's tests on the right side. The injured worker's medications were noted to include Xanax and Clonidine. The treatment plan included a pain management consultation and right sacroiliac joint block with arthrogram. It was noted that the sacroiliac joint block had been recommended to identify the injured worker's pain generator in order to determine whether he was a candidate for a revision fusion at L4-S1 or for treatment of the right sacroiliac joint. A 04/13/2014 telephone conversation note indicated that the injured worker's pain management physician had discussed a request for a right S1 selective nerve root block. However, it was noted that this request had not been approved as there was not physical examination findings showing adequate indications for the request. It was also noted that the pain management physician stated that this request had been recommended by the injured worker's surgeon. No additional details were noted regarding the right S1 selective nerve root block. A request was received for right SI joint at S1, 2, 3; however, a clear rationale for the requested SI joint neurotomy and the Request for Authorization form were 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 SI Joint at S1, 2, 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pages 300 - 301.

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 performed by multiple techniques including lateral branch blocks of S1-3 lateral branches. However, the guidelines state that this treatment is not recommended as larger studies are needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. According to the submitted clinical documentation, the injured worker had complaints of low back pain with radiation into the extremities. He was noted to have some findings suggestive of sacroiliac joint dysfunction on physical examination, and was recommended for sacroiliac joint blocks on 04/28/2014 in order to rule out sacroiliac joint dysfunction versus a need for a revision fusion surgery. However, more recent clinical notes with clarification regarding the requested treatment were not provided. Conflicting documentation indicates that the orthopedic doctor had recommended sacroiliac joint blocks, but the pain management physician had requested an S1 selective nerve root block, noting that this was the treatment recommended by the orthopedic surgeon. Therefore, clarification is clearly needed regarding the requested treatment. In addition, the guidelines specifically do not recommend sacroiliac joint radiofrequency neurotomy at this time and the request, as submitted, did not clearly indicate that radiofrequency neurotomy was the requested treatment. Therefore, based on conflicting information in the medical records, the absence of updated notes with current findings and clinical presentation, and clarification regarding the submitted requests, and as the guidelines specifically do not recommend radiofrequency neurotomy, the request is not supported. As such, the request is not medically necessary.