

Case Number:	CM14-0137236		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2009
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
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 Family 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:

This is a 59-year-old male patient who reported an industrial injury on 6/21/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks. The patient complains of lower back pain. The patient is diagnosed with lumbar ago, degenerative lumbosacral inter-vertebral disc, and sacroiliitis. The patient has received medication management; physical therapy; exercises; psych referral; and urine drug screens. An EMG dated 6/6/2013 demonstrated no electrodiagnostic evidence of lumbar radiculopathy bilaterally. The CT scan of the lumbar spine documented right neural foraminal stenosis as well as minimal central canal and left neural foraminal stenosis at L4-L5 due to a combination of 4.0 mm central/right paracentral disc protrusion at L5-S1 resulting in minimal central canal stenosis as well as mild right minimal left neural foraminal stenosis. The patient was being treated by pain management and was noted to have lower back pain secondary to annular fissure's and status post lumbar spine fusion along with myofascial pain. It was noted that the patient had no major changes in 6/16/2014. The patient was reported to be stable with the current medication regimen. The objective findings on examination included ambulating with a cane, wearing back brace, tenderness right SI joint on palpation with positive compression test. The patient was prescribed Celebrex, Colace, Cymbalta, Lunesta, Lyrica, methadone 10 mg TID, OxyContin 30 mg q 8 hrs; Percocet 10/320 5Q ID, Prilosec, Prozac, Senokot S. The patient was prescribed a RFA procedure to the right SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION OF RIGHT SACROILIAC JOINT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Block of SI Joint.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section hip and pelvis chapter-SI joint radiofrequency neurotomy

Decision rationale: There are no recommendations by evidence-based guidelines for the use of RFA to the SI joint for the treatment of SI joint pain. The patient is noted to have received an injection to the bilateral SI joints, which resulted in temporary relief of the reported symptoms. The objective findings on examination are limited to tenderness to the SI joint. The patient was documented to receive some relief with a corticosteroid injection to the bilateral SI joints. The ODG does not recommend SI joint radiofrequency ablation for the treatment of SI joint pain. There is no substantial evidence to support medical necessity. The requested procedure is not consistent with the recommendations of the national medical community for the treatment of SI pain. There was no rationale supported with objective evidence provided by the requesting provider to support the medical necessity of the requested SI joint radiofrequency ablation.