MAXIMUS Federal Services

Case Number:	CM14-0155943		
Date Assigned:	09/25/2014	Date of Injury:	12/27/2011
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 and 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 52 year old male who reported an injury on 12/27/2011 due to an unspecified mechanism of injury. He is diagnosed with sacroiliac joint dysfunction as well as chronic pelvic pain and muscle spasms. His past treatments included piriformis and sacroiliac joint injections, acupuncture, chiropractic therapy, physical therapy, and a home exercise program. Diagnostic studies and relevant past surgical history was not provided. During assessment on 08/18/2014, the injured worker rated his lower back pain as 8/10. He also reported a one month pain improvement of 50% from the piriformis and sacroiliac joint injections he received on 09/10/2013. Upon physical examination on 08/18/2014, it was noted that the injured worker had tenderness to palpation of the right L4-L5 and L5-S1 vertebral levels with +4 muscle tone and strength. As of 08/18/2014, the injured worker was noted to be taking Tylenol Extra Strength, Ibuprofen, Flexeril, Cymbalta, and Robaxin for pain management and muscle spasms. The treatment plan was to schedule for a bilateral sacroiliac joint ablation due to the noted positive response to the piriformis and sacroiliac joint injections received in 09/2013, schedule right L4-L5 and L5-S1 facet joint injections, and start physical therapy for sacroiliac joint stabilization. A request was received for bilateral sacroiliac joint ablation. A Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: A request for Bilateral SI joint ablation is not medically necessary. On 08/18/2014, the injured worker reported positive pain improvement of 50% for one month from the piriformis and sacroiliac joint injections received in 09/2013. The injured worker was noted to have completed physical therapy, chiropractic therapy, acupuncture, a home exercise program. As of 08/18/2014, he was noted to be taking medication for pain management and muscle spasms. The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy as there is limited evidence to support adequate pain relief and further studies are needed to determine the efficacy and safety of this treatment. Although the injured worker had failed conservative treatment and had positive response to the sacroiliac injections received in 09/2013, the request is for a bilateral sacroiliac joint ablation is not recommended by the guidelines. As such, this request is not medically necessary.