

Case Number:	CM14-0167173		
Date Assigned:	10/14/2014	Date of Injury:	01/22/2013
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 Orthopedic Surgery 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 69 year old male who sustained an injury on 01/22/13. Diagnosis is listed as sprain lumbar region (847.2). The most recent progress note dated 9/26/14 is illegible. A progress note dated 9/17/14, reveals complaints of lumbar spine pain. Pain remains unchanged, on and off back pain which is worse when attempting to lift anything heavy. The pain which radiates to the lower extremities is much better. The injured worker reports pain 7 out of 10 on visual analog scale (VAS). Physical examination reveals antalgic gait to the right, able to perform heel toe walk with pain, lumbar spine, normal lordosis and decreased alignment, diffuse tenderness and spasm noted over the lumbar paravertebral musculature, moderate facet tenderness noted L4 to S1, positive right piriformis tenderness positive right and left sacroiliac tenderness, positive Fabere's/Patrick right and left, positive sacroiliac thrush test right side, positive Yeoman' test right side, positive left and right Kemp's right and left side, seated straight leg raise 70 degrees right side, supine straight leg raise 60 degrees, low back pain with seated and supine straight leg raise on the right at 70 and 60 degrees positive Farfan test right and left, lumbar spine range of motion flexion 65 degrees, extension 15 degrees, lower extremity reflexes right knee 1+, left ankle 1+. The injured worker has been followed for complaints of low back pain radiating to the lower extremities as well as right sided sacroiliac joint pain. The injured worker was administered a right sacroiliac joint injection on 08/18/14 which resulted in approximately 80 percent relief of pain for three to four days. The injured worker was able to reduce medications following the injection and had improved functional capability with better sleep. Prior treatment includes fluoroscopically guided cannulation of the right sacroiliac joint for infusion of local anesthetic and steroid (betamethasone 9 milligrams), right L4 and L5 ESI on 5/8/14 with sixty percent relief for six weeks, physical therapy, chiropractic treatment medication, rest, and a home program. The physical exam findings on 09/17/14 noted multiple

positive findings for right sacroiliac joint pain. Since then he has been able to decrease medications. No electrodiagnostic studies have been obtained since his last visit. A prior utilization review determination dated 10/2/14 resulted in denial of right sacroiliac joint rhizotomy/neurolysis was denied on 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 Official Disability Guidelines Hip and pelvis chapter, sacroiliac joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Hip & Pelvis Chapter, sacroiliac joint radiofrequency neurotomy

Decision rationale: In review of the clinical documentation provided, the requested right sacroiliac joint rhizotomy would not be supported as medically necessary per current evidence based guideline recommendations. This procedure is not recommended per current evidence based guidelines due to the lack of documentation regarding its efficacy in the treatment of sacroiliac joint pain outside of a temporary basis. There is no evidence that this procedure contributes to any long term efficacy that would improve the injured worker's overall functional ability. As such, this request is not medically necessary.