

Case Number:	CM14-0168099		
Date Assigned:	10/15/2014	Date of Injury:	05/18/1994
Decision Date:	11/25/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/13/2014

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 Spine Surgeon, 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 45-year-old male who reported an injury on 05/18/1994. The injured worker reportedly fell through a roof while in the course of his usual work duties. He suffered a brain injury and cervical fracture. The injured worker's treatment history included physical, occupational, and possibly speech therapy. Therapies included medications, X-Rays, MRI studies, neurological consultations, MRI studies of the cervical spine, MRI studies of the brain, and medications. On 03/03/2014, the injured worker reportedly had underwent a left sacroiliac joint injection and had 60% reduction in pain and could stand and sit longer. The injured worker was evaluated on 09/09/2014 and it was documented the injured worker complained of back pain that was fluctuating located in the upper, middle, and lower back, gluteal region, arms, neck, head, and shoulders. Pain with medication was rated at 6/10 to 8/10 and without 9/10 to 10/10 on the pain scale. Physical examination findings included painful bilateral sacroiliac joint; positive Patrick's test bilaterally; mild tenderness of the paraspinal muscles, facet joints, spinous processes, and gluteal muscles. The pains over the facets were worsened with loading; sacral compression and sacral thrusts were positive and Gaenslen's was positive bilaterally. The lumbar flexion was 55 degrees, extension was 10 degrees, right/left lateral flexion was 10 degrees, and right/left rotation was 30 degrees. There was normal strength noted. Diagnoses included C5-7 level with central cord syndrome, chronic; constipation unspecified, chronic; facet Arthropathy, chronic; failed back surgery syndrome, cervical, chronic; psychosexual dysfunction, chronic; COAT. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Joint Radiofrequency Neurotomy: 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 & Pelvis (Acute & Chronic)

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: The request for Sacroiliac joint radiofrequency neurotomy is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Sacroiliac Joint Radiofrequency Neurotomy. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, because the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. Per the guidelines, does not recommend sacroiliac joint radiofrequency neurotoma. The injured worker reportedly underwent a left sacroiliac joint injection on 03/03/2014 and had 60% reduction in pain and could stand and sit longer; however, it was not reported the total duration this effect lasted. Per the documentation submitted for review, it was recommended that the injured worker undergo a sacroiliac joint neurotomy. However, there was lack of evidence to support this procedure, which has result in the lack of recommendation by guidelines. Moreover, the guidelines do not recommend this type of surgical procedure. The request for Sacroiliac Joint Radiofrequency Neurotomy is not medically necessary.