

Case Number:	CM14-0169315		
Date Assigned:	10/17/2014	Date of Injury:	08/25/2011
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 Minnesota. 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 41 year old female with a history of low back and right knee injuries on 08/25/2011. MRI of the lumbar spine revealed mild degenerative disc disease at 3 levels with facet disease. She underwent arthroscopy of the right knee with partial medial Meniscectomy of a 3 mm tear, and resection of plica. She was also found to have Chondromalacia. Her low back pain radiated to the left leg and improved with sacroiliac injections under ultrasound guidance on 5/15/2014 and 7/7/2014. The disputed issue pertains to radiofrequency neurotomy of the sacroiliac joint. Her physical examination reveals a positive FABERE sign consistent with sacroiliac disease. EMG did not show any evidence of radiculopathy. There was no nerve root compression noted on the MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Sacroiliac Joint Denervation: 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 Section: Pelvis, Topic; Sacroiliac Radiofrequency Neurotomy

Decision rationale: California MTUS does not address the issue of sacroiliac radiofrequency neurotomy. ODG guidelines do not recommend the procedure. The innervation of the sacroiliac joint remains unclear and several different procedures have been performed. Recent research is hopeful for lateral branch ablations of S1, S2, and S3 but larger studies are needed to determine the optimal candidates and confirm results. The procedure is therefore not recommended per guidelines. The requested procedure of denervation of the left Sacroiliac joint is, therefore, not medically necessary.