

Case Number:	CM14-0174852		
Date Assigned:	10/28/2014	Date of Injury:	07/19/2010
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 50 year old male with date of injury 7/19/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain with radiation of the pain to the bilateral lower extremities since the date of injury. He has been treated with epidural steroid injections, facet nerve blocks, physical therapy, medications and lumbar spine surgery (lumbar discectomy 1998). There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the right paraspinous lumbar musculature, tenderness to palpation of the right sacroiliac joint, positive straight leg raise on the right, decreased motor strength of the extensor hallucis longus muscle bilaterally. Diagnoses: chronic low back pain, lumbar spine disc disease, prior spinal surgery. Treatment plan and request: right sacroiliac joint radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint RF Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis: Sacroiliac Joint RF Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back pain chapter.

Decision rationale: This 50 year old male patient has complained of lower back pain with radiation of the pain to the bilateral lower extremities since date of injury 7/19/2010. He has been treated with epidural steroid injections, facet nerve blocks, physical therapy, medications and lumbar spine surgery (lumbar discectomy 1998). The current request is for right sacroiliac joint radiofrequency ablation. Per the ODG guidelines cited above, lumbar radiofrequency therapy is not recommended for the treatment of lower back pain. On the basis of the ODG guidelines, Right Sacroiliac Joint radiofrequency therapy is not indicated as medically necessary.