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| Case Number: | CM14-0175593 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 02/11/2010 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 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:

This is a 53 year-old female with a 2/11/10 date of injury. Although a procedure note was present regarding an intraarticular SI joint steroid injection that the patient underwent on 8/8/14, no clinical exam notes were included in the medical records provided. According to the UR reviewer, however, the patient was most recently seen on 9/3/14 with complaints of on-and-off lumbar spine pain, which was rated at 5/10. Pain levels were improved by approximately 80-85% following the aforementioned SI joint injection, and medication usage decreased. Exam findings revealed gait antalgic to the right. There was diffuse tenderness and spasm of the paravertebral musculature, and tenderness over the sacroiliac joints. There is moderate facet joint tenderness from L4-S1. Sacroiliac tenderness test, Patrick's test, Sacroiliac Thrust test, and Yeoman's test were positive bilaterally. Kemp's test was positive bilaterally. Seated straight leg raise test was positive on the right at 70-degrees. Supine Straight Leg Raise test was positive at 60-degrees bilaterally. Farfan's test was positive bilaterally. Lumbar range of motion was within normal limits. Diagnoses included: 1) Left sacroiliac joint arthropathy. 2) Intractable low back pain. Treatment to date: Fluoroscopically-guided SI joint steroid injection. An adverse determination was received on 10/10/14 due to the procedure being considered "not recommended" by ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Hip and Pelvis Chapter)

Decision rationale: CA MTUS does not specifically address this request. (ODG) Official Disability Guidelines states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the Sacroiliac Joint (SI) joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. This patient has been under care for intractable low back pain and left sacroiliac joint disorder of 4-1/2 years duration. A recent left SI intraarticular steroid injection produced an 80-85% improvement in pain levels, and a reduced need for medication. However, ODG guidelines consider sacroiliac joint rhizotomy/neurolysis as not recommended. The requesting provider did not establish circumstances that would warrant SI rhizotomy despite adverse evidence. Therefore, the request for Left sacroiliac joint rhizotomy/neurolysis is not medically necessary.