

Case Number:	CM14-0186015		
Date Assigned:	11/13/2014	Date of Injury:	05/06/2014
Decision Date:	12/22/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28 year old male with an injury date of 05/06/14. Based on the 10/16/14 progress report provided by treating physician, the patient complains of bilateral low back pain rated 6/10, left worse than right radiating to bilateral buttocks. The patient is status post positive fluoroscopically guided diagnostic left sacroiliac joint injection which provided 100% improvement and increased range of motion 30 minutes after the injection and that lasted greater than 2 hours. Physical examination revealed tenderness to palpation to the bilateral lumbar paraspinal muscles and left sacroiliac joints. Range of motion of the lumbar spine was restricted by pain in all directions. Sacroiliac provocative maneuvers, Gaellen's, Patrick's, Yeoman's and pressure at the sacral sulcus were positive on the left. Patient has failed physical therapy, NSAIDs and conservative therapy. Treating physician requests "fluoroscopically guided diagnostic left sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) to more permanently treat the patient's low back pain, buttock pain, and sacroiliac joint pain given the positive diagnostic left sacroiliac joint injection provided 100% improvement and increased range of motion 30 minutes after the injection and that lasted greater than 2 hours with positive sacroiliac joint provocative maneuvers. Diagnosis 10/16/14: status post positive fluoroscopically guided diagnostic left sacroiliac injection; left sacroiliac joint pain; bilateral lumbar facet joint pain L4-L5, L5-S1; lumbar facet joint arthropathy; chronic low back pain. The utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 05/16/14 - 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Fluoroscopically Guided Left Sacroiliac Joint Radiofrequency Nerve 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: 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 (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy

Decision rationale: The patient presents with bilateral low back pain rated 6/10, left worse than right radiating to bilateral buttocks. The request is for Fluoroscopically Guided Left Sacroiliac Joint Radiofrequency Nerve Ablation. Patient is status post positive fluoroscopically guided diagnostic left sacroiliac injection. Patient's diagnosis dated 10/16/14 included left sacroiliac joint pain, bilateral lumbar facet joint pain L4-L5, L5-S1, lumbar facet joint arthropathy and chronic low back pain. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter states: "sacroiliac joint radiofrequency neurotomy: Not recommended." Per progress report dated 10/16/14, treating physician requests "fluoroscopically guided diagnostic left sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) to more permanently treat the patient's low back pain, buttock pain, and sacroiliac joint pain given the positive diagnostic left sacroiliac joint injection provided 100% improvement and increased range of motion 30 minutes after the injection and that lasted greater than 2 hours with positive sacroiliac joint provocative maneuvers. However, the procedure is not supported by ODG. Recommendation is that the request is not medically necessary.