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| Case Number: | CM14-0024810 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 06/15/2010 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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 Pain Medicine, 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 55-year-old with an injury date on June 15, 2010. Based on the January 7, 2014 progress report provided by [REDACTED] the diagnoses are lumbar sprain/strain, lumbar disc disease, and bilateral sacroiliac joint arthropathy. Exam on January 7, 2014 showed "diffuse tenderness to palpation over lumbar paravertebral musculature. Moderate facet tenderness noted. Positive to sacroiliac tenderness, Febere/Patrick's, Sacroiliac thrust, Yeoman's tests. A straight leg raise test positive at 60 degrees supine, 70 degrees supine. L-spine range of motion severely limited." [REDACTED] is requesting right sacroiliac joint rhizotomy, left sacroiliac joint rhizotomy, and hot and cold therapy unit. The utilization review determination being challenged is dated February 11, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from June 7, 2013 to January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT RHIZOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines, Hip Chapter

Decision rationale: This patient presents with lower back pain with swelling in lower extremities. The treating physician has asked right sacroiliac joint rhizotomy on January 7, 2014. Review of the report shows on November 22, 2013 patient had bilateral sacroiliac joint injection and had pain relief for two days with no meds, but pain returned to baseline after four days. The treating physician requests sacroiliac joint rhizotomy since the prior sacroiliac joint injection gave patient "more than 80% relief from activities that normally cause pain for two days," stopped meds temporarily, allowed to bend and stoop without difficulty, and increase activities of daily living per January 7, 2014 report. While the California Medical Treatment Utilization Schedule (MTUS) does not discuss RF (radiofrequency) ablation for SI joint syndrome, ODG guidelines do not support it. The request for right sacroiliac joint rhizotomy is not medically necessary or appropriate.

LEFT SACROILIAC JOINT RHIZOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Hip chapter, for Sacroiliac joint radiofrequency neurotomy: Not recommended.

Decision rationale: This patient presents with lower back pain with swelling in lower extremities. The treating physician has asked left sacroiliac joint rhizotomy on January 7, 2014. Review of the report shows on November 22, 2013 patient had bilateral sacroiliac joint injection and had pain relief for 2 days with no meds, but pain returned to baseline after four days. The treating physician requests sacroiliac joint rhizotomy since the prior sacroiliac joint injection gave patient "more than 80% relief from activities that normally cause pain for two days," stopped meds temporarily, allowed to bend and stoop without difficulty, and increase activities of daily living per January 7, 2014 report. While MTUS does not discuss RF ablation for SI joint syndrome, ODG guidelines do not support it. The request for left sacroiliac joint rhizotomy is not medically necessary or appropriate.

HOT AND COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X ODG knee chapter Continuous-flow cryotherapy.

Decision rationale: This patient presents with lower back pain with swelling in lower extremities. The treating physician has asked hot and cold therapy unit on January 7, 2014 "following the [sacroiliac joint rhizotomy] procedure." Regarding cryotherapy, ODG allows for short-term (seven days) post-operative use. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, aforementioned sacroiliac joint rhizotomy procedure is not indicated. Therefore, a hot cold therapy unit is also not indicated. Furthermore, ODG does not support use of more complicated cryotherapy units over conventional ice packs. The request for a hot

and cold therapy unit is not medically necessary or appropriate.