MAXIMUS Federal Services

Case Number:	CM14-0027893		
Date Assigned:	06/16/2014	Date of Injury:	03/15/2012
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 60-year-old female with a history of an industrial injury on 03/15/2012. The injury was caused when she fell off of a bucket that she had overturned and used as a stepping stool. As she stepped off the bucket with her left lower extremity onto a bag of sand, she lost her balance and twisted her left ankle. Her discomfort would later radiate to her left knee then to her back. Since the original injury, the submitted documentation centers on the patient's lower back pain complaint, focusing on the left sacroiliac joint of which the patient complains of severe pain. She has positive orthopedic provocative testing and has undergone facet joint block with 80 to 100% pain reduction. This was done because of the complaint of a deep burning pain that has led to limping and reported as a dull ache to the left side and into the left thigh above the knee. The pain is exacerbated by walking with a 7-8/10 on the 1 to 10 pain scale. All but few of the submitted hand written PR-2 are extremely difficult to read/decipher that documents the patient's complaints, physical examination findings and treatment plan. In dispute is a request for a Left Sacroiliac joint rhizotomy following 80-100% pain reduction after a sacroiliac joint facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: Facet joint radiofrequency neurotomy is a form of treatment that is considered 'Under study' by the ODG guidelines. There is conflicting evidence as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. A recent small RCT found that the percutaneous radiofrequency neurotomy treatment group showed statistically significant improvement not only in back and leg pain but also back and hip movement as well as the sacro-iliac joint test. There was significant improvement in quality of life variables, global perception of improvement, and generalized pain. But RF neurotomy was not a total treatment, and it provided relief for only one component of the patients' pain. (Nath, 2008). As the guidelines are currently not supportive of this treatment, I cannot authorize its use at this time. At such time that authorization can be made based upon evidence based guidelines another request should be submitted.