

Case Number:	CM14-0031615		
Date Assigned:	06/20/2014	Date of Injury:	03/26/2012
Decision Date:	08/12/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 51-year-old male with a reported date of injury on 3/26/12. The injury occurred when the injured worker was lifting a heavy tarp and felt a sharp pain in his lower back. His diagnoses were noted to include lumbar strain, degenerative discs at L2-3, L3-4, and L4-5, and disc protrusions with facet arthropathy at L3-4 and L4-5 with bilateral foraminal stenosis. His previous treatments include physical therapy, chiropractic manipulation, medication, four lumbar epidural steroid injections, rest, and at-home exercises. The injured worker received a previous sacroiliac joint rhizotomy/neurolysis injection and pain relief lasted for approximately 7 days; thereafter, his pain returned. The progress note dated 5/14/14 revealed that the injured worker complained of low back pain that was worse with sitting, standing, walking, bending, and daily activities. The injured worker revealed his pain radiated down the lateral aspect to the back of his right leg into the toes, with tingling in the right foot. The physical examination of the lumbar spine revealed decreased range of motion with full motor strength and sensation, and deep tendon reflexes were diminished. There was a positive straight leg raise noted on the right side and tenderness to the lumbosacral midline. The provider reported the injured worker had complaints of intractable back pain with radiating right leg pain and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies. A small random controlled trial concluded that there was preliminary evidence that the S1-3 lateral branch radiofrequency denervation may provide intermediate pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, three, and six months after the procedure, 11, 9, and 8 radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only two patients in the placebo group experienced significant improvement at their one month follow-up and none experienced benefit three months after the procedure. However, one year after the treatment, only two patients in the treatment group continued to demonstrate persistent pain relief. The documentation provided indicated the injured worker only had 7 days relief from the sacroiliac joint radiofrequency neurotomy and it is not recommended by the guidelines. Therefore, the request is not medically necessary.