MAXIMUS Federal Services

Case Number:	CM14-0032966		
Date Assigned:	04/18/2014	Date of Injury:	04/27/2012
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 52 year old male who was injured on 4/27/12. The mechanism of injury was falling on his back while mopping. Prior treatment history has included the patient undergoing diagnostic bilateral sacroiliac joint injection on 8/2/13 and a left shoulder rotator cuff cortisone injection on 10/23/13. A PR-2 dated 10/23/13 documented the patient with complaints of bilateral low back pain, left worse than right, radiating to the buttock and left lateral thigh. Exacerbating factors are prolonged sitting/standing, lifting, twisting, driving, lying down, bearing down, and walking. Current medications include Tylenol, Tramadol, Naproxen, and Omeprazole. Objective findings on exam include examination of the spine revealing tenderness upon palpation of the cervical, lumbar, and thoracic paraspinal muscles and left piriformis muscle. Lumbar and cervical ranges of motion were restricted by pain in all directions. Lumbar facet joint provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally, except Gaenslen's, Yeoman's, pressure at the sacral sulcus, and Patrick's maneuvers were positive bilaterally. Nerve root tension signs were negative bilaterally. The impression was of positive diagnostic bilateral sacroiliac joint injection, bilateral sacroiliac joint pain, right shoulder pain, left piriformis muscle syndrome, lumbar sprain/strain, cervical facet joint pain, cervical facet joint arthropathy, cervical sprain/strain, and thoracic sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED BILATERAL SACROLLIAC JOINT RADIOFREQUENCY NERVE ABLATION PERFORMED ON 10/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As per the Official Disability Guidelines, sacroiliac joint radiofrequency neurotomy is not recommended. A small randomized controlled trial concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, three, and six months after the procedure, 79%, 64%, and 57% of radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only 14% 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 treatment, only 14% in the treatment group continued to demonstrate persistent pain relief. Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. Therefore, fluoroscopically guidedbilateral sacroiliac joint radiofrequency nerve ablation is not medically necessary according to the guidelines.