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| Case Number: | CM14-0039174 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 06/25/2010 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 Geriatrics and is licensed to practice in New York. 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 61 year old woman with a date of injury of 6/25/10. She was seen by her orthopedic physician on 3/12/14. She was status post an SI joint injection on 2/21/14 which gave 70-80% pain relief for 2 - 3 days. She had current right lower extremity pain rated 5/10. Her physical exam showed an antalgic gait to the right with cane. She had mild to moderate tenderness over her paravertebral muscles and facets. She had positive sacroiliac testing on the right. Her sensation, reflexes and motor exams were normal to the lower extremities. Her diagnoses included low back pain, right sacroiliac joint arthropathy status post right total knee replacement and left knee arthroscopy and right ankle sprain/strain. At issue in this review is the request for a sacroiliac joint rhizotomy and a hot/cold system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 right sacroiliac joint rhizotomy: 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 Pain medicine news June 2010 Radiofrequency ablation

techniques for chronic sacroiliac joint

[painhttp://www.painmedicineneeds.com/download/rfablationsacro_pmn0610_wm.pdf](http://www.painmedicineneeds.com/download/rfablationsacro_pmn0610_wm.pdf).

Decision rationale: This 61 year old injured worker has chronic lower extremity and SI joint pain. She was status post an SI joint injection on 2/21/14 which gave 70-80% pain relief for 2 - 3 days. Radiofrequency procedures such as rhizotomy have been used in the treatment of SI joint pain and the results have been variable with 'wide variations in technique, selection criteria and standards of success'. The ideal candidate for this procedure is likely a younger patient with suspected extraarticular pathology. In the case of this injured worker, it does not appear that she is an ideal candidate and the prior studies lack sufficient data to medically justify the request for a rhizotomy of the SI joint. Therefore the request is not medically necessary.

Prospective request for 1 hot/cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: This injured worker has lower extremity and SI joint pain. In acute low back pain, relieving discomfort can be accomplished most safely by nonprescription medication or an appropriately selected nonsteroidal anti-inflammatory drug, appropriate adjustment of activity, and use of thermal modalities such as ice and/or heat. Given the chronicity of the pain and the use of numerous other modalities to reduce pain, the medical necessity for hot and cold therapy unit over traditional hot and cold packs is not substantiated by the records. The request for 1 hot/cold therapy unit is not medically necessary.