

Case Number:	CM14-0040833		
Date Assigned:	06/27/2014	Date of Injury:	07/20/2011
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 40-year-old female with a reported date of injury on 07/20/2011. The mechanism of injury occurred while the injured worker was running a race in training. The injured worker had an examination on 04/29/2014 regarding a right intra-articular joint injection. The injured worker had pain in the right buttock region. She had had some benefit from the intra-articular sacroiliac joint injection that was performed on 02/11/2014. The injured worker failed to improve after having physical therapy and activity modification. The injured worker had a follow-up examination on 05/19/2014 where she still complained of low back pain radiating to the right sacroiliac joint. She rated her pain at 4-5/10. Her medications at that time included Anaprox and Levothyroxine. Upon examination, the injured worker walked with a normal gait and there was no evidence of a limp. There was no evidence of weakness. The motor power from her hips down to her ankles was at a 5/5, which was normal. Her diagnoses included right sacroiliac joint dysfunction, L5-S1 bilateral neural foraminal stenosis, right leg radiculopathy, L4-5 and L5-S1 disc degeneration with disc desiccation and right knee internal derangement. Prior treatment included a sacroiliac joint injection, epidural steroid injection in 2013, facet blocks, and a radiofrequency ablation at the L4-5 and L5-S1 levels. Her back pain did improve, but her buttocks pain radiating into the waist did not improve. The recommended plan of treatment was for a right sacroiliac joint fusion. The Request for Authorization for the radiofrequency ablation was not provided. The provider recommended an SI radiofrequency ablation due to SI joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency ablation of the right S1 joint with pain management: 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) Hip & Pelvis, sacroiliac joint radiofrequency neurotomy.

Decision rationale: The California MTUS Guidelines and the ACOEM Guidelines do not address this issue. The Official Disability Guidelines do not recommend sacroiliac radiofrequency Neurotomy. There is a controversy over the correct technique for radiofrequency denervation. There is little evidence regarding this procedure. The examination did state that she received a sacroiliac joint injection performed on 02/11/2014 with some benefit, although it was not specified as to how much relief and the duration of the relief. There was a lack of evidence of effectiveness of the prior treatments. Additionally, the guidelines do not recommend sacroiliac joint radiofrequency ablations. Therefore, the request for the radiofrequency ablation of the right S1 joint with pain management is not medically necessary.