

Case Number:	CM14-0041562		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2012
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 61-year-old with a reported date of injury of October 29, 2012. The patient has the diagnoses of psoriatic arthritis, posttraumatic fibromyalgia, left shoulder labral tear, L4-5 degenerative spondylolithesis, right sacroiliitis, and right ankle internal derangement. Treatment modalities have included shoulder arthroscopic repair, intrarticular sacroiliac joint injection, right foot surgery and medication. The most recent physician report provided by the primary treating physician dated December 10, 2013 notes the patient reports intractable pain despite medications. Physical exam showed persistent severe right S1 joint sulcus tenderness and positive SI provocative test. A utilization review dated March 3, 2014 denied a right-sided sacroiliac joint radiofrequency rhizotomy from S1-S3 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided sacroiliac joint injection to lateral branch S1-S3 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:Low Back Chapter: joint diagnostic Blocks (injections).

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, FACET JOINT DIAGNOSTIC BLOCKS. ADVANCED PAIN MEDICINE,
RHIZOTOMY.

Decision rationale: Before a rhizotomy procedure is performed, a patient must first have a two positive diagnostic blocks with and without different local anesthetics. Since these two diagnostic blocks have not been performed, the indications for rhizotomy have not been met. The request for right sided sacroiliac joint injection to lateral branch S1-S3 rhizotomy is not medically necessary or appropriate.