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| Case Number: | CM14-0044468 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/17/1995 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 Orthopedic Spinal Surgery and is licensed to practice in 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 62-year-old male who reported an injury on 11/17/1995 due to a lifting injury while performing normal job duties. The injured worker's treatment history included lumbar laminectomy followed by lumbar spine fusion. The injured worker was evaluated on 03/18/2014. It was documented that the injured worker had continued low back and sacroiliac (SI) joint complaints. Physical findings included tenderness along the superior iliac crest of the right sacroiliac joint, a positive Fabere's test and a positive Gaenslen's test. The injured worker's diagnoses included status post spinal fusion at the L4 through S1, coccydynia, bilateral sacroilitis, and early adjacent level disease at the L3-4. A request was made for an S1 rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (Sacroiliac) Joint Rhizotomy (Lateral Right 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, Hip & Pelvis (updated 03/25/2014) Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines do not support the use of sacroiliac joint rhizotomy as an appropriate treatment for sacroiliac joint dysfunction. The Official Disability Guidelines indicate that there is not enough scientific evidence to support the long-term efficacy and safety of this surgical procedure. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary.