

Case Number:	CM14-0059707		
Date Assigned:	07/09/2014	Date of Injury:	06/03/2003
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 Surgery, 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:

This 60-year-old female surgical nurse sustained an industrial injury on 6/3/03. The mechanism of injury was not documented. Current medical history was positive for cancer treatment, location/type not specified. The 4/17/14 treating physician progress note cited primary complaint of lumbar pain radiating into the left buttock, hip, and foot. She was 2 months status post left sacroiliac injection with pain starting to return. Benefit was noted with chiropractic treatment which was continued. Medications provided 50% pain relief. Lumbosacral exam noted paraspinal muscle tenderness, mild spasms, and limited range of motion due to discomfort in extension. There was mild to moderate pain with extension/axial loading, bilateral discomfort with lateral bending, normal paraspinal strength and tone, and negative or equivocal orthopedic testing. Sacroiliac joint tenderness was noted to palpation, left greater than right. There were diminished patellar and Achilles reflexes bilaterally. Gait was slightly broad based and patient was able to stand with mild amount of difficulty. The diagnosis was regional spine pain, lumbago, lumbosacral spondylosis without myelopathy, and chronic pain syndrome. The treatment plan recommended sacroiliac radiofrequency neurotomy. The 4/23/14 utilization review denied the request for sacroiliac radiofrequency ablation given the patient's radicular pain. The 6/12/14 treating physician report cited continued lumbar pain radiating into the left buttock, hip, and foot unchanged from last visit. She reported electrical shocks from her lumbar spine into both knees occurring 6 to 7 times the past month. Medications provided adequate pain relief. Physical exam findings were unchanged from prior. Radiofrequency neurotomy was again requested as the patient had greater than 50% improvement with left sacroiliac injection for at least 6 weeks. A lumbar spine MRI was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Radio frequency Ablation w/fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196, 199. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not recommend radiofrequency ablation for any spinal condition or radiofrequency lesioning of the dorsal root ganglia for chronic sciatica. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervations of the sacroiliac joint remains unclear. Given the absence of guideline support for this procedure, this request is not medically necessary.