

Case Number:	CM14-0074619		
Date Assigned:	07/16/2014	Date of Injury:	10/22/2007
Decision Date:	08/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 10/22/2007. The mechanism of injury occurred while the injured worker was moving a copier and lifting a finisher to install a copier. Prior treatments included a sacroiliac joint injection, medications, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs). The documentation of 04/09/2014 revealed the injured worker underwent a fluoroscopically guided diagnostic bilateral sacroiliac joint injection on 03/27/2014 which provided 70% relief for 30 minutes after the injection, and the relief lasted greater than 2 hours. The physical examination revealed the injured worker had tenderness to palpation in the thoracic and lumbar paraspinal muscles overlying the L3-S1 facet joints and the sacroiliac joints. The lumbar range of motion was restricted by pain in all directions. The sacroiliac provocative maneuvers were positive bilaterally, which included the Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus which was positive bilaterally. The nerve root tension signs were negative bilaterally. The diagnosis included status post positive fluoroscopically guided diagnostic bilateral sacroiliac joint injection and bilateral sacroiliac joint pain. The treatment plan included a fluoroscopically guided bilateral sacroiliac joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destroy Lumb/sac facet joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Hip & Pelvis Chapter , Low back Chapter.

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 Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines do not recommend the use of sacroiliac joint radiofrequency neurotomies. The injured worker had prior injections and the clinical documentation submitted for review indicated the injured worker had objective relief. However, there was a lack of documentation indicating objective functional benefit that was received from the injection. The request as submitted failed to indicate the type of procedure being requested specifically. There was a lack of documentation indicating the facet joint to be targeted. Given the above, the request for Destroy Lumb/sac facet joint is not medically necessary.