

Case Number:	CM14-0083892		
Date Assigned:	07/21/2014	Date of Injury:	11/05/2009
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation 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:

The injured worker is a 52-year-old female who reported an injury on 11/05/2009. The mechanism of injury was not stated. Current diagnoses include cervical discogenic disease, cervical facet arthropathy, cervical disc bulge, lumbar discogenic disease, lumbar disc bulge, lumbar facet arthropathy, and right sacroiliac joint arthropathy. The injured worker was evaluated on 04/02/2014. Physical examination revealed tenderness over the mid cervical facet joints, intact sensation, limited lumbar range of motion, tenderness over the right sacroiliac joint, tenderness over the L4-S1 facets on the right, positive facet loading maneuver, positive SI compression testing, and negative straight leg raising. It is noted that the injured worker reported relief following a sacroiliac joint block on the right. Treatment recommendations included a right sided SI denervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sided Sacroiliac Denervation to Lumbar Spine: 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 and Pelvis 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: Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy. Larger studies are needed to confirm the results and determine optimal candidates and treatment parameters. As such, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.