

Case Number:	CM14-0087763		
Date Assigned:	07/23/2014	Date of Injury:	05/24/2010
Decision Date:	08/27/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/11/2014

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 Neurological 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:

The injured worker is a 58-year-old female who was reportedly injured on May 24, 2010. The mechanism of injury is having the right arm jerked and then falling. The most recent progress note dated June 9, 2014, indicates that there are ongoing complaints of low back pain and right posterior hip pain. The physical examination demonstrated tenderness at the right sacroiliac joint as well as a positive FABER's test and Gaenslen's test. There was no midline spinal tenderness. There was a request for a right-sided sacroiliac joint rhizotomy. A note from the same requesting provider dated June 16, 2014 states that the injured employee has been approved for a right-sided sacroiliac joint fusion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes muscle relaxants and a cervical spine fusion. A request was made for a right-sided sacroiliac joint rhizotomy and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided Sacroiliac Joint 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 Treatment Index 9th Edition Web 2011.

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, Sacroiliac Joint Radiofrequency Neurotomy, Updated March 25, 2014.

Decision rationale: It would appear that the provider of note on June 9 and June 16, 2014 was requesting a sacroiliac (SI) joint injection for diagnostic purposes. However as the injured employees now scheduled for right-sided SI joint fusion, subsequent SI joint injections are no longer necessary. Therefore this request for a right-sided SI joint rhizotomy is not medically necessary.