

Case Number:	CM14-0095178		
Date Assigned:	07/28/2014	Date of Injury:	09/18/2013
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/23/2014

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 Texas, New Mexico and Nebraska. 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 patient is a 38 year old female who sustained an industrial injury on 9/18/2013, to the lower back when she fell while assisting a patient. She has been treating for the diagnoses of C5-6 disc degeneration, minimally symptomatic; L5-S1 disc degeneration; left sacroiliac dysfunction; and left greater trochanteric bursitis. Treatment has included Physical Therapy, psych, medication, pain management, left greater trochanteric injection on 3/24/2014 and left SI joint injection on 4/21/2014. According to the 4/14/2014 PTP (Primary Treating Physician) orthopedic progress report by [REDACTED], the patient complains of neck pain, low back pain approximately over the SI joint, left greater trochanteric pain. Pain is rated 5/10. She also complains of intermittent headaches. Current medication is hydrocodone-acetaminophen 10/325 mg. Physical examination reveals normal gait and heel/toe walk, tenderness of the left SI joint region, decreased sensation over the S1 dermatome distribution, positive Fortins, thigh thrust and compression test, 2+ reflexes bilaterally, 5/5 motor strength bilaterally, and straight-leg-raising (SLR) test positive on the left at 80 degrees. Recommendation is request authorization SI joint blocks with [REDACTED]. Patient is released to full duty trial on 4/22/2014. According to the 5/6/2014 PTP orthopedic progress report by [REDACTED], the patient underwent left sided SI joint injection with [REDACTED]. She states the injection provided approximately 50% relief of symptoms temporarily and then symptoms increased. She present with increasing complaints of low back pain rated 8/10 on VAS (Visual Analog Scale). She rates left SI (Sacroiliac) joint pain 8/10. Current medications are Hydrocodone-Acetaminophen 10/325, Atenolol 50 mg (other MD), Celexa (other MD). Physical examination reveals normal gait and heel/toe walk, tenderness of the left SI joint region, decreased sensation over the S1 dermatome distribution, positive Fortins, thigh thrust and compression test, 2+ reflexes bilaterally, 5/5 motor strength bilaterally, and SLR positive on the left at 80 degrees. A recommendation is request authorization for pain management consult and

left SI (Sacroiliac) joint RFA (Radiofrequency Ablation). Patient returned to TTD (Temporary Total Disability) status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503.

Decision rationale: According to the guidelines, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The medical records do not establish such is the case of this patient. The medical records do not establish this patient is a viable candidate and considered for an invasive injection procedure or that medication management beyond the scope of her primary treating physician is required. The patient underwent a pain management consultation on 4/7/2014, and subsequently underwent SI (Sacroiliac) joint steroid injection on around 4/21/2014, which temporarily provided 50% pain relief followed by increased pain. The medical necessity and appropriateness of SI (Sacroiliac) joint radiofrequency ablation has not been established by the medical records provided. The procedure is not supported by the medical literature. Consequently, the request for Pain management consultation is not medically necessary and appropriate.

Left SI (Sacroiliac) joint radiofrequency ablation: 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: 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, Sacroiliac joint radiofrequency neurotomy; Sacroiliac joint blocks.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. According to the Official Disability Guidelines, sacroiliac joint neurotomy/rhizotomy is not recommended. It is appreciated that the patient reportedly had 50% relief of pain temporarily, followed by increased pain, as response to an SI joint injection, in which case sacroiliac joint blocks would not likely be considered an option. Regardless, the SI (Sacroiliac) joint neurotomy procedure is not currently supported by the guidelines and evidence-based literature. Various techniques used to perform

this procedure have been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. Consequently, left SI (Sacroiliac) joint radiofrequency ablation is not appropriate or medically necessary.