

Case Number:	CM14-0104936		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2012
Decision Date:	03/09/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 employee sustained an industrial injury on 01/12/2012 while lifting a patient from wheelchair to bed. She had a diagnostic right SI joint injection in April 2014. The progress note from 05/27/14 was reviewed. Subjective complaints included low back pain radiating to the right hip. The joint injection felt 80% better for about two weeks approximately, but pain came back to how it was prior to the procedure. Pertinent objective findings included antalgic gait, diffuse tenderness over the lumbar paravertebral musculature, moderate facet tenderness over the L4 and S1 and positive tenderness in SI joint bilaterally. Diagnoses included status post right knee arthroscopy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthralgia. The injection decreased the intake of her medication, decreased the amount of sleep and increased her ability to walk more than 30 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 (ODG)

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

Decision rationale: The employee sustained an industrial injury on 01/12/2012 while lifting a patient from wheelchair to bed. She had a diagnostic right SI joint injection in April 2014. The progress note from 05/27/14 was reviewed. Subjective complaints included low back pain radiating to the right hip. The joint injection felt 80% better for about two weeks approximately, but pain came back to how it was prior to the procedure. Pertinent objective findings included antalgic gait, diffuse tenderness over the lumbar paravertebral musculature, moderate facet tenderness over the L4 and S1 and positive tenderness in SI joint bilaterally. Diagnoses included status post right knee arthroscopy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthralgia. The injection decreased the intake of her medication, decreased the amount of sleep and increased her ability to walk more than 30 minutes. According to Official Disability guidelines, SI joint radiofrequency neurotomy or rhizotomy is not recommended. Multiple techniques are currently described and the use of all these techniques 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 the 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 the procedure. The request for SI joint rhizotomy is not medically necessary or appropriate.