

Case Number:	CM14-0135277		
Date Assigned:	10/14/2014	Date of Injury:	11/20/2013
Decision Date:	02/06/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 34-year-old male with an 11/20/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/30/14 noted subjective complaints of back and right SI joint pain. Objective findings included good strength and sensation in bilateral lower extremities. Diagnostic Impression: Lumbago, SI joint problems. Treatment to Date: medication management, physical therapy, SI joint injection. A UR decision dated 8/5/14 denied the request for fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation. There was no specific rationale noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter - Sacroiliac joint radiofrequency neurotomy

Decision rationale: CA MTUS does not address this issue. ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due

to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. However, the available evidence does not support the use of SI joint RFA. Therefore, the request for fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation was not medically necessary.