

Case Number:	CM14-0162533		
Date Assigned:	10/07/2014	Date of Injury:	09/01/2010
Decision Date:	04/06/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on 9/1/10. The injured worker has complaints of low back pain that is achy with tightness and spasm to the lumbar paravertebral musculature. She has diffuse tenderness over the paraspinal musculature and there is slight tenderness from L4 through S1. She has tenderness to palpation over the bilateral piriformis muscles with spasm noted on palpation eliciting referral pain into the gluteal region. The diagnoses have included lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome and status post bilateral knee arthroscopy. The documentation noted on 7/18/14 the injured worker received a bilateral sacroiliac joint injection with 80% improvement at the time, however is back at baseline. According to the utilization review performed on 9/24/14, the requested Injection: Bilateral Sacroiliac Joint Rhizotomy/ Neurolysis has been non-certified. Official Disability Guidelines for sacroiliac joint radiofrequency neurotomy; Hip and Pelvis was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Bilateral Sacroiliac Joint Rhizotomy/ Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TWC Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'Sacroiliac joint radiofrequency neurotomy'.

Decision rationale: The 67 year old patient presents with increasing low back pain along with tightness and spasms in the paravertebral musculature, as per progress report dated 08/19/14. The request is for INJECTION BILATERAL SACROILIAC JOINT RHIZOTOMY / NEUROLYSIS. The RFA for this case is dated 08/19/14, and the patient's date of injury is 09/01/10. Diagnoses, as per progress report dated 08/19/14, included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The patient is status post bilateral knee arthroscopy. In progress report dated 05/13/14, the patient rates lumbar spine pain at 3/10 and bilateral sacroiliac joint pain at 7/10. The reports do not document the patient's work status. ODG guidelines, chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'Sacroiliac joint radiofrequency neurotomy', states that the procedure is not recommended. 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, the guidelines note. In this case, the patient has received bilateral sacroiliac joint injections on 07/18/14, as per progress report dated 08/19/14. She reports 80% improvement of her pain. She indicates that she was able to go from a sitting to a standing position with only slight discomfort to her low back, the report states. The injections helped the patient to walk longer distances without aggravation of pain. It also helped reduce the spasms, as per the same report. The treater is now requesting for bilateral sacroiliac joint rhizotomy/neurolysis as the patient's pain has returned to baseline level and the patient has exhausted conservative treatments. ODG guidelines, however, do not recommend the procedure. Hence, the request IS NOT medically necessary.