

Case Number:	CM14-0184107		
Date Assigned:	11/12/2014	Date of Injury:	01/31/2007
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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 Spine 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 55-year-old male who reported an injury on 01/31/2007. The mechanism of injury was not provided. His relevant diagnoses included lumbago; lumbar post laminectomy syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; disorder of the back; sacroiliitis, not elsewhere classified. His past treatments included lumbar epidural steroid injections and medications. Diagnostic studies were not provided in the submitted documentation. The injured worker's surgical history included an L5-S1 fusion, the date of which was not provided. Upon examination on 09/19/2014, the injured worker complained of ongoing right low back pain below the belt line, rated 9/10. He also complained of numbness to the anterolateral aspect of the left thigh. It was also noted that the injured worker had previous diagnostic and confirmatory injections providing 100% relief for 3 weeks confirming the SI joint as the pain generator. Upon examination of the lumbar spine, tenderness to palpation was noted at the right sacroiliac joint. The provider noted left rotation was limited to 40 degrees, right rotation was limited to 30 degrees, flexion was 40 degrees and extension was 15 degrees. Pain in extension increased with right axial loading. Motor strength on the right was noted at 5/5. His medication regimen included Norco 10/325 mg tablets 1 to 1 and a half tablets every 4 to 6 hours and Celebrex 200 mg twice daily. The treatment plan included medication refills and request for radiofrequency neurotomy of the right SI joint. The rationale for the request was the procedure should provide prolonged relief of the right SI joint generated pain averaging 9-12 months. The Request for Authorization dated 09/19/2014 form was received with the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy, right SI joint: 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), Hip and Pelvis Chapter

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 request for radiofrequency neurotomy, right SI joint is not medically necessary. The injured worker has right lower back pain below the belt line. The injured worker also complained of numbness to his left thigh. The injured worker underwent successful diagnostic and confirmatory right sacroiliac joint injections, stating that after the injections, "the pain went away." The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy. As the guidelines do not recommend radiofrequency neurotomy of the sacroiliac joint, the request would not be indicated. As such, the request for Radiofrequency neurotomy, right SI joint is not medically necessary.