

Case Number:	CM14-0184841		
Date Assigned:	11/12/2014	Date of Injury:	05/25/2010
Decision Date:	02/18/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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, Indiana
Certification(s)/Specialty: Neurology

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 (IW) is a 67 year old male with a date of injury of 5/25/2010. The mechanism of injury is reported to be an assault by two students. The IW is reporting he has neck, back, right shoulder and lower extremity pain. An examination from the progress notes dated 04/22/2014 is notable for muscle tenderness around the neck and shoulder girdle. The IW is also reporting moderate tenderness of both of the sacroiliac joints. The neurological examination is reported as normal with the exception of the gait evaluation which is reported to be antalgic. The IW has already undergone ultrasound guided injections of the shoulder and bilateral sacroiliac joints with a combination of lidocaine, bupivacaine and Kenalog. The IW reports an approximate six to seven day improvement with respect to pain relief as a result of this therapy. The IW has also been prescribed Voltaren topical gel for pain relief, however, this was later determined to be not medically necessary. The IW has also been prescribed physical therapy for both his cervical and lumbar spine. Per the documentation provided, six sessions were approved. A previous request for a sacroiliac-iliac joint radiofrequency denervation with accompanying pre-operative history and physical with and Electrocardiogram, and labs was determined to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint radiofrequency denervation: 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) Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Per the recommendations contained in the Official Disability Guide, the technique of a sacroiliac (SI) joint rhizotomy or neurotomy is not recommended. The guide reports the use of all of these techniques has 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. The request for a SI joint radiofrequency denervation is not medically necessary.

Medical clearance: H&P, EKG and labs: 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), preoperative testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Electrocardiogram and Preoperative lab testing.

Decision rationale: Although the Official Disability guidelines would consider obtaining a preoperative electrocardiogram, preoperative lab testing and a history and physical as a means to stratify risk before a surgery or procedure, it is not medically necessary in this case as the sacroiliac (SI) joint rhizotomy or neurotomy is not medically necessary.