

Case Number:	CM14-0185317		
Date Assigned:	11/13/2014	Date of Injury:	05/04/2007
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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 52 year old female who was bucked off a horse on 5/4/2007 and landed on her head on hard terrain. She sustained multiple injuries including head injury, fracture of the right orbital floor and post traumatic seizure disorder, right trigeminal nerve injury, bilateral shoulder injuries, chronic right hip pain, low back pain with lumbar spondylosis, neck pain status post anterior cervical discectomy and fusion times 2, bilateral carpal tunnel syndrome status post carpal tunnel release, and symptomatic right sacroiliitis with chronic right hip pain. She underwent sacroiliac facet rhizotomy in April 2014. The progress notes of 5/9/2014 mention chronic hip pain and on 6/24/2014 the diagnosis included symptomatic right sacroiliitis. On 7/24/2014 chronic hip pain was again documented. On 8/28/2014 the notes indicate increased right hip and buttock pain from chronic sacroiliitis and a repeat sacroiliac rhizotomy was requested stating there was excellent relief for 4 months after the procedure of April 2014 although the records continued to report chronic hip pain as noted above. The request was non-certified by UR citing ODG guidelines.

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), Hip and Pelvis, Sacroiliac joint radiofrequency Neurotomy

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 California MTUS guidelines do not address this issue. ODG guidelines do not recommend sacroiliac joint radiofrequency neurotomy. Multiple techniques are described but the innervation of the sacroiliac joint remains unclear and use of various techniques has been questioned. This is a poorly understood disorder and large studies are needed to confirm results and determine optimum candidates and treatment parameters. In light of the above, the medical necessity of the requested right sacroiliac joint rhizotomy is not established.