

Case Number:	CM14-0186978		
Date Assigned:	11/17/2014	Date of Injury:	08/28/1998
Decision Date:	01/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine 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 58-year-old male who reported an injury on 08/28/1998. The mechanism of injury was not clearly provided. The injured worker's diagnoses included postlaminectomy syndrome, sacroiliitis, lumbosacral disc degeneration and thoracic/lumbosacral radiculopathy. The injured worker's past treatments included bipolar radiofrequency ablation to the right sacroiliac joint and medications. The injured worker's diagnostic testing included a CT scan performed on 04/16/2009, which was noted to reveal narrowing of the disc space at L5-S1 level with vacuum disc phenomenon; sclerotic bone changes were present at the endplates at these levels; there were no spinal abnormalities involved. The injured worker's surgical history included effusion of the posterior element transfixing the transverse process with the facet joints at L3-4 and L4-5 bilaterally. On 08/01/2014, the injured worker reported "doing pretty good at this time." He reported his pain at 5/10 on a pain scale related to significant cramping, numbness and pain in the left thigh and left sacroiliac joint region. A radiofrequency rhizotomy was performed to the left sacroiliac joint in 11/2013 and it was beginning to wear off. The injured worker reported about 9 months of relief and increased function from his radiofrequency ablation. Upon physical examination, the injured worker noted with a positive faber test. The injured worker was noted with numbness and muscle spasm in the left thigh. The injured worker was noted with a positive straight leg raise on the left. There was decreased sensation to alcohol swab in the L3 and L4 dermatomes of the left lower extremity. The injured worker's medications included Norco 10/325 mg, Senokot 8.6 mg, Naprosyn 500 mg, omeprazole 20 mg and gabapentin 600 mg. The request was for 1 bipolar radiofrequency to the left sacroiliac joint, including dorsal ramus at L5. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bipolar radiofrequency to the left sacroiliac joint, including dorsal ramus L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Hip and Pelvis Procedure Summary

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 1 bipolar radiofrequency for the left sacroiliac joint, including dorsal ramus L5 is not medically necessary. According to the Official Disability Guidelines, sacroiliac joint radiofrequency neurotomies are not recommended. Multiple techniques are current described including a bipolar system using radiofrequency probes. Larger studies are needed to confirm results and to determine the optimal candidates in treatment parameters for this poorly understood disorder. The injured worker reported doing pretty good status post bipolar radiofrequency ablation to the right sacroiliac joint. However, the guidelines do not recommend. In the absence of documentation with larger studies to confirm results and to determine the optimal candidates and treatment parameters, the request is not supported. Therefore, the request is not medically necessary.