

Case Number:	CM14-0192964		
Date Assigned:	11/26/2014	Date of Injury:	09/17/2011
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 48-year-old female who was injured on 9/17/2011. She complains of low back pain radiating to the right buttock. Per examination of April 24, 2014 lumbar spasms were noted. There was tenderness to palpation in the right paraspinal muscles overlying the L3-S1 facet joints. Lumbar range of motion was mildly restricted by pain in all directions. Extension was worse than flexion. Facet joint provocative maneuvers were mildly positive. Right sacroiliac provocative maneuvers including Patrick's, Gaenslen's and pressure at the sacral sulcus were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were 2+ and symmetric bilaterally. Upper motor neuron findings were absent. Muscle strength was 5/5. The diagnosis included lumbar degenerative disc disease, lumbar stenosis, lumbar disc protrusion, lumbar facet arthropathy, lumbar facet joint pain, status post positive fluoroscopy guided diagnostic right L4-5 and right L5-S1 facet joint medial branch block and positive diagnostic right sacroiliac joint injection, sacroiliac joint pain, sacroiliitis. The provider is requesting authorization for right sacroiliac facet joint radiofrequency nerve ablation. Per 11/04/14 form. This was denied by utilization review 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 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) Qty. 1 under fluoroscopic guidance: 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) Section: Pelvis and Hip, Topic: Sacroiliac joint radiofrequency neurotomy

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines are therefore used. Sacroiliac joint radiofrequency neurotomy is not recommended. 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. Based upon guidelines, the request is not supported and as such, the medical necessity is not established.