MAXIMUS Federal Services

Case Number:	CM14-0193847		
Date Assigned:	12/01/2014	Date of Injury:	06/12/2012
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family 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:

This is a 40 year old female patient who sustained an injury on 6/12/2012. She sustained the injury while pulling blankets out of the washer. The current diagnoses include sciatic nerve lesion, lumbar disc degeneration, myofascitis, lumbar segmental dysfunction. Per the doctor's note dated 10/15/14, she had complaints of lumbar pain with radiation to the bilateral lower extremities with numbness. The physical examination of the lumbar spine revealed + 3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1, right piriformis muscle and multifidus, positive Kemp's test bilaterally, positive straight leg raise test bilaterally, positive Yeoman's bilaterally, decreased sensation at L5 dermatome on the right to light touch, decreased sensation at the S1 dermatome on the right to light touch. Per the doctor's note dated 10/16/14, she had right sided low back pain, right buttock and thigh pain. The physical examination revealed healed right sacroiliac joint injection site, tenderness over the sacroiliac joint on the right, positive SI compression test, positive Gaenslen's test, positive Fabere's test on the right side, intact Neurological examination in the lower extremities. The medications list includes Ultram, gabapentin, Cymbalta and topical compound creams. She has had MRI lumbar spine dated 8/6/2012 which revealed no disc herniation, spinal stenosis or foraminal narrowing. Her surgical history includes removal of uterus in 7/2013. She had undergone right SI joint injection on 9/17/14 with 80% improvement for 14-21 days. She has had physical therapy visits, acupuncture visits and chiropractic visits for this injury. She has had urine drug screen report on 8/14/14 and 10/21/14 which was positive for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy of the right S1 joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: MTUS chronic pain guidelines and ACOEM do not address. Per the ODG guidelines Sacroiliac joint radiofrequency neurotomy is "Not recommended. 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. A 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." There is no high grade scientific evidence for radiofrequency nerve ablation for this diagnosis. Response to previous conservative therapy is also not specified in the records provided. The medical necessity of Radiofrequency neurotomy of the right S1 joint is not fully established for this patient.