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| Case Number: | CM14-0196779 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 06/13/1995 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 57 year-old female, who sustained an injury on June 13, 1995. The mechanism of injury is not noted. Treatments have included: medications, physical therapy, massage therapy, chiropractic, acupuncture, LESI, left SI injection. The current diagnosis is: sacroiliitis. The stated purpose of the request for Left sacroiliac joint radiofrequency ablation under fluoroscopic guidance x 2 was to decrease pain and inflammation. The request for Left sacroiliac joint radiofrequency ablation under fluoroscopic guidance x 2 was denied on October 24, 2014, citing a lack of documentation of guideline support. Per the report dated September 30, 2014, the treating physician noted complaints of low back pain. Exam shows positive left Patrick test, left SI tenderness, positive facet tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint radiofrequency ablation under fluoroscopic guidance x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy

Decision rationale: The requested Left sacroiliac joint radiofrequency ablation under fluoroscopic guidance x 2, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy noted that this procedure is not recommended. The injured worker has low back pain. The treating physician has documented 80% pain relief from a September 4, 2014 left SI joint injection and positive left Patrick test, left SI tenderness, positive facet tenderness. The treating physician has not documented the medical necessity for this procedure as an outlier to negative guideline recommendations, and do not document the medical necessity for two injections without evaluating effectiveness. The criteria noted above not having been met, Left sacroiliac joint radiofrequency ablation under fluoroscopic guidance x 2 is not medically necessary.