

Case Number:	CM14-0199950		
Date Assigned:	12/10/2014	Date of Injury:	06/30/2008
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 patient with a date of injury of June 30, 2008. A utilization review determination dated November 5, 2014 recommends noncertification of repeat bilateral SI joint radiofrequency ablation. A progress report dated October 28, 2014 identifies subjective complaints of ongoing low back pain primarily over the sacroiliac joint there radiates to the buttocks and extends down the lower extremities. Physical examination findings reveal tenderness to palpation over the sacroiliac joints bilaterally. There is also restricted range of motion in the lumbar spine with pain with 3 positive sacroiliac joint provocative tests are documented. Diagnoses include L4-5 spondylolisthesis, bilateral S1 radiculopathy, multilevel degenerative disc disease, L4-5 disc herniation, and lateral recess stenosis at L3-5. The treatment plan states that the patient has failed conservative care including NSAIDs and physical therapy. She had a positive diagnostic SI joint block with 100% relief of buttock pain for approximately 2 months. She then underwent radiofrequency ablation noting one month resolution of her symptoms. Repeat sacroiliac radiofrequency ablation is therefore requested. A pain management evaluation dated October 23, 2014 states that the patient was referred for consideration of a lumbar epidural steroid injection. The note indicates that the patient underwent 3 epidural steroid injections prior to the lumbar spinal fusion. The note also indicates that the patient underwent sacroiliac injections and sacroiliac radiofrequency ablation previously. The treatment plan indicates that the patient would likely benefit from a lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral SI Joint Radiofrequency Ablation: 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

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 Chapter, Sacroiliac Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for Repeat Bilateral SI Joint Radiofrequency Ablation, California MTUS does not address the issue. ODG states that the procedure 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, and there is also controversy over the correct technique for radiofrequency denervation. They also note that 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. Furthermore, recent medical reports indicate that the patient is a candidate for an epidural steroid injection. It seems reasonable to await the outcome of this intervention prior to considering other treatment options. Finally, there is no documentation indicating the degree of analgesic efficacy, objective functional improvement, or reduction in medication use as a result of the previous sacroiliac joint radiofrequency ablation. In light of the above issues, the currently requested Repeat Bilateral SI Joint Radiofrequency Ablation is not medically necessary.