

Case Number:	CM14-0205541		
Date Assigned:	12/17/2014	Date of Injury:	12/26/2003
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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:

34y/o female injured worker with date of injury 2/10/04 with related low back and bilateral sacroiliac joint pain. Per progress report dated 10/28/14, the injured worker stated his right leg felt like it was on fire. He could only walk a few feet before he needed to sit down. He rated his pain 9/10 in intensity and increased with activity. Per physical exam dated 8/8/14, the range of motion of the lumbosacral spine was 30% normal in all planes, there was tenderness to palpation in the bilateral lumbar paraspinal musculature from about L3-S1 level, straight leg raise was negative bilaterally. Treatment to date has included epidural steroid injections, physical therapy, aquatic therapy, bilateral sacroiliac joint blocks. The date of UR decision was 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: SI Joint Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS is silent on sacroiliac joint rhizotomy. Per the ODG TWC, sacroiliac joint radiofrequency neurotomy is not necessary. As such, the request is not medically necessary.