

Case Number:	CM14-0206977		
Date Assigned:	12/18/2014	Date of Injury:	02/15/2008
Decision Date:	02/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old female with a 2/15/08 date of injury, when she tripped and fell. The patient underwent bilateral sacroiliac joint injections on 10/16/14. The patient was seen on 12/04/14 with complaints of bilateral low back pain and bilateral buttock pain. Exam findings revealed tenderness upon palpation of the bilateral sacroiliac joint sulcus and lumbar paraspinal muscles. The lumbar spine range of motion was restricted and the discogenic provocative maneuver pelvic rock was negative bilaterally. The muscle strength was 5/5 in all limbs and the sensation was intact in all limbs. The progress note stated that the SI joint injection provided 80% improvement and increased range of motion 30 minutes after the injection and lasted more than 2 hours. The provider noted that the patient failed PT, NSAIDs, and conservative treatment. The diagnosis is status post positive diagnostic bilateral sacroiliac joint injection, bilateral sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar degenerative disc disorder, and chronic lumbago. Treatment to date: bilateral sacroiliac joint injections, work restrictions, PT, and medications. An adverse determination was received on 12/01/14 given that the Guidelines did not support the requested sacroiliac radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Bilateral Sacroiliac Joint Radiofrequency Nerve 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 Chapter, Sacroiliac Joint Radiofrequency Ablation.

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: CA MTUS does not address this issue. ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. However, the Guidelines clearly state that the requested procedure is not recommended and that the treatment parameters for the SI joint disease are poorly understood. In addition, there remains sparse documentation as to why the prescribed procedure would be required despite the Guidelines non-recommendation. Therefore, the request for Fluoroscopically Guided Bilateral Sacroiliac Joint Radiofrequency Nerve Ablation is not medically necessary.