

Case Number:	CM15-0006074		
Date Assigned:	08/12/2015	Date of Injury:	08/28/1998
Decision Date:	09/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on 08-28-98. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar fusion, and radiofrequency ablations to the right sacroiliac joint on 05-05-14 and left sacroiliac joint on 11-11-13. Diagnostic studies are not addressed. Current complaints include pain in the right low back. Current diagnoses include post laminectomy syndrome and sacroilitis. In a progress note dated 12-01-14 the treating provider reports the plan of care as a right sacroiliac joint bipolar radiofrequency ablation and radiofrequency ablation of the lateral branches of the dorsal rami L5-S3 under fluoroscopic guidance, as well as gabapentin, omeprazole, and Norco. The requested treatments include right sacroiliac joint bipolar radiofrequency ablation and radiofrequency ablation of the lateral branches of the dorsal rami L5-S3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bipolar Radiofrequency Right Sacroiliac Joint and Lateral Branches of Dorsal Rami L5, S1, S2 and S3: 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 Procedure Summary.

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 and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant has a remote history of a work injury occurring in August 1998 and continues to be treated for bilateral low back and sacroiliac joint pain after a lumbar fusion. Treatments have included radiofrequency rhizotomy of the left sacroiliac joint in November 2013 and right sacroiliac joint in May 2014. When seen, these prior treatments are referenced as improving function for nine months to one year. When seen, pain was rated at 6/10. There was a positive Fortin finger sign. Authorization for repeat radiofrequency rhizotomy with fluoroscopic guidance and conscious sedation was requested. Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described and further studies are needed. Moderate sedation is also being requested for the procedure and patients need to be able to communicate accurately during a radiofrequency ablation. There is no indication for the use of moderate sedation which is also not appropriate for this procedure and this request is therefore not medically necessary for this reason as well.