

Case Number:	CM15-0007564		
Date Assigned:	01/22/2015	Date of Injury:	09/16/2010
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 9/16/2010. The diagnoses have included lumbago and status post left L5-S1 decompression on 12/07/2012. Treatment to date has included surgical intervention and conservative treatment. Currently, the injured worker complains of chronic low back pain with radiation into the left leg. Tenderness in the bilateral lumbar paravertebral regions was noted, with spasms at the L4-L5 and L5-S1 levels. In the left sacroiliac joint, FABER test, Pelvic Shear Test, and Stork test was positive. Straight leg test was positive on the left at 40 degrees. Sensation was diminished in L5-S1 distribution on the left. A left sacroiliac joint injection, performed 5/15/2014, was documented with 50% relief. A progress report, dated 12/16/2014, referenced nerve conduction studies from 11/17/2014, as showing chronic left L5 radiculopathy without any active or ongoing denervation. On 12/19/2014, Utilization Review non-certified a request for left sacroiliac joint radiofrequency ablation, noting MTUS and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300-301.

Decision rationale: According to MTUS guidelines, “there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks.” Although a left sacroiliac joint injection, performed 5/15/2014, was documented with 50% relief, there is no documentation of a previous diagnosis medial branch block. Therefore, Left SI joint radiofrequency ablation is not medically necessary.