MAXIMUS Federal Services

Case Number:	CM15-0007915		
Date Assigned:	01/23/2015	Date of Injury:	03/11/2008
Decision Date:	03/12/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old male who sustained an industrial injury on March 11, 2008. He has reported left knee pain and has been diagnosed with status post operative arthroscopy with partial meniscectomy, chrondroplasties for torn medial meniscus and osteoarthritis of the left knee. He also has a diagnoses of lumbar disc disease, lumbar facet syndrome and bilateral sacroiliac arthropathy. Treatment to date has included medical imaging, surgery, hyalgan injections, and therapy. Currently the injured worker has complained of residual knee pain that worsens with activity. The treatment plan included medications. On January 7, 2015 Utilization Review non certified 1 bilateral sacroiliac joint rhizotomy/neurolysis citing the Official Disability Guidelines.There is a 1/30/15 primary treatment medal legal report to address a UR denial states that an interventional spine pain management on 11/18/14 revealed tenderness of the paraspinals and L4-S1 facels. There were positive left and right L4-S1 tests including sacroiliac tenderness, Fabere test, sacroiliac thrust thest and Yeoman test. There was a 70 degree seated straight leg raise on right and 60 degree on left. There was low back pain and decreased lumbar range of motion. An 12/16/14 follow up reveals that the pain has decreased since the last visit. The pain was 3-4/10. The patient underwent a bilateral sacroiliac joint injection on 11/14/14 and he was 80% better. His medication decreased and his mobility improved. On exam there was L4-S1 facet tenderness. There were positive Fabere, Sacroiliac thurst and Yeoman test. There was tenderness on the sacroiliac region. There was a 70 degree sciatic nerve root tension test. The range of motion was decreased and there was a request for bilateral sacroiliac joint

rhizotomy/neurolysis. The physician writing the appeal states that this advanced treatment is required and is the preferred method for managing this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy/neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvia

Decision rationale: Bilateral sacroiliac joint rhizotomy/neurolysis is not recommended per the ODG. The MTUS does not address this issue. The ODG states that 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. There is also controversy over the correct technique for radiofrequency denervation. 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. The documentation does not reveal extenuating factors to go against guideline recommendations therefore this request is not medically necessary.