

Case Number:	CM15-0013325		
Date Assigned:	01/30/2015	Date of Injury:	11/13/2009
Decision Date:	05/05/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 61-year-old male, who sustained an industrial injury on 11/13/2009. The initial injury and complaints were not documented in the medical documentation submitted. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; facet arthropathy at the right L4-5 and L5-S1 facet joints. Treatment to date has included radiofrequency denervation lumbar bilateral L4-5 and L5-S1 facet joints (10/13/12); right sacroiliac joint injection (4/9/13), repeated (8/13/13); left L5 transforaminal epidural steroid injection (1/21/14); right radiofrequency lumbar facet denervation (5/13/14); radiofrequency ablation right L4-5 and L5-S1 facet joints (7/8/14); MRI right shoulder (10/22/14); sacroiliac joint (SI) Joint belt; medications. Currently, per the PR-2 notes dated 10/2/14, the injured worker complains of low back pain. The pain is worsening and mainly on the right that radiates to the right buttock. The provider is requesting treatment of the radiofrequency ablation right sacroiliac joint to avoid a Sacroiliac Joint fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION RIGHT SI JOINT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and Pelvis. Topic: Sacroiliac joint radiofrequency neurotomy.

Decision rationale: ODG guidelines do not recommend radiofrequency neurotomy of the sacroiliac joint. The use of various techniques is currently questioned because innervation of the sacroiliac 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. As such, the request for radiofrequency ablation of the sacroiliac joint is not medically necessary.