

Case Number:	CM15-0014102		
Date Assigned:	02/02/2015	Date of Injury:	02/23/2013
Decision Date:	04/02/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old male who sustained an industrial injury on 2/23/13. The injured worker reported symptoms in the back. The diagnoses included lumbar disc disease, lumbar facet syndrome and left sacroiliac joint. Treatments to date include oral pain medications, left sacroiliac joint injection on 9/22/14, and bilateral medial branch block injection on 11/17/14. In a progress note dated 12/10/14 the treating provider reports the injured worker was with back pain "traveling to the left buttocks into the left knee and still has no sensation on the outer side of the thigh." On 12/31/14 Utilization Review non-certified the request for left sacroiliac joint rhizotomy and neurolysis. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint rhizotomy and 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 (ODG), Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES Hip Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: California Medical Treatment Utilization Schedule does not discuss this treatment. Official Disability Guidelines/Treatment in Workers Compensation/Hip does discuss sacroiliac joint radiofrequency neurotomy. This guideline states that radiofrequency neurotomy is not recommended, partly because the denervation of the sacroiliac joint is not fully understood, and in part because there is no peer reviewed consensus regarding appropriate techniques to use for such radiofrequency treatment. The medical records in this case do not provide an alternate rationale to support the proposed treatment. For these reasons the records and guidelines do not support this request. This request is not medically necessary.