

Case Number:	CM15-0140637		
Date Assigned:	07/30/2015	Date of Injury:	09/08/2013
Decision Date:	08/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

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 30 year old female, who sustained an industrial injury on 9-8-13. She reported pain in her lower back and hips. The injured worker was diagnosed as having sacroilitis and low back pain. Treatment to date has included Norco, Naprosyn, an EMG-NCS of the lower extremities on 4-13-15 with normal results, a bilateral sacroiliac joint injection on 3-4-15 with 65% improvement, acupuncture with relief and physical therapy. On 5-8-15 the injured worker rated her pain a 5 out of 10 and is able to walk half a mile comfortably. Her lumbar flexion is 60 degrees. As of the PR2 dated 7-9-15, the injured worker reports bilateral sacroiliac joint pain. The treating physician noted exquisite tenderness over the sacroiliac joints, right greater than left and pain with pelvic compression. The treating physician requested a radiofrequency ablation sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation sacroiliac joint injection qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 (ODG) Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Regarding the request for SI joint radiofrequency ablation, California MTUS does not address the issue. ODG states that the procedure is not recommended. 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, and there is also controversy over the correct technique for radiofrequency denervation. They also note that 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. In light of the above issues, the currently requested SI joint radiofrequency ablation is not medically necessary.