MAXIMUS Federal Services

Case Number:	CM15-0143411		
Date Assigned:	08/06/2015	Date of Injury:	08/20/2010
Decision Date:	09/30/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 8-20-10. She had complaints of low back pain. Treatments include: medication, injections and surgery. Progress report dated 6-3-15 reports neck pain, low back pain, upper extremity pain, lower extremity pain, abdominal pain, frontal headaches and insomnia. The neck pain is constant, radiates and is associated with headaches. The pain is described as aching, sharp, throbbing, moderate and is aggravated by activity and walking. The low back pain is constant, sharp, stabbing, severe and radiates down the bilateral lower extremities, the right greater than the left. Upper extremity pain is in her bilateral shoulders. The lower extremity pain is in bilateral hips, buttocks, legs, knees, ankles and feet. On average the pain is rated 7 out of 10 with medications and 9 out of 10 without medications. Diagnoses include: lumbar disc degeneration, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, left sided sacroiliac pain, depression and status post right shoulder surgery. Plan of care includes: request right pulsed radio frequency of the SI joint, continue home exercise program, continue medications and follow up in 1 month. Work status: not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Pulsed Radiofrequency (RF) of the 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 (ODG), Hip and Pelvis Chapter, Online Version, 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 section regarding radiofrequency ablation.

Decision rationale: This claimant was injured 5 years ago with low back pain. As of June, there was neck pain, low back pain, upper extremity pain, lower extremity pain, abdominal pain, frontal headaches and insomnia. Diagnoses included: lumbar disc degeneration, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, left sided sacroiliac pain, depression and status post right shoulder surgery. Generally, plain injections or blocks precede ablation. However, in this case, outcomes of previous sacroiliac joint injections prior to rhizotomy were not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Hip section regarding radiofrequency ablation: Not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. As the research to support this procedure of radiofrequency ablation to the sacroiliac injection is limited, I cannot endorse the use of an uninvestigated procedure for an injured worker. The request is appropriately not medically necessary.