

Case Number:	CM15-0144007		
Date Assigned:	08/04/2015	Date of Injury:	03/28/2014
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 3-28-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar 4-5 degenerative spondylolisthesis with reported lateral stenosis and left sacroiliitis. Lumbar magnetic resonance imaging showed facet hypertrophy, lateral recess stenosis of the lumbar 4-5 and fluid within the facet joints. Treatment to date has included sacroiliac injection, epidural steroid injection, therapy and medication management. In a progress note dated 6-17-2015, the injured worker complains of a return of left hip and buttock pain that radiates to the left lower extremity. Physical examination showed sacroiliac tenderness. The treating physician is requesting radiofrequency Rhizotomy of the sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Rhizotomy, SI Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The provided medical records do not meet criteria for this non-recommended procedure and therefore the request is not certified.