

Case Number:	CM15-0165466		
Date Assigned:	09/03/2015	Date of Injury:	05/03/2012
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old female who sustained an industrial injury on 05-03-2012. The injured worker was diagnosed with lumbar disc disease, lumbar facet syndrome, left piriformis syndrome and bilaterally sacroiliac joint arthropathy. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, physical therapy, lumbar epidural steroid injections, bilateral sacroiliac (SI) joint injections on June 12, 2015, home exercise program and medications. According to the treating physician's progress report on July 7, 2015, the injured worker continues to experience low back pain with cramping and numbness of the feet and toes. The injured worker rated her pain level at 5 out of 10 on the pain scale. According to the report the injured worker underwent bilateral sacroiliac (SI) joint injections on June 12, 2015 with greater than 80% relief with decreased spasm and tenderness to the lumbar paravertebral muscles and less sciatic symptoms. Evaluation noted an antalgic gait to the left with ability to perform heel-toe walk with pain. There was diffuse tenderness with spasm over the paravertebral musculature and tenderness to palpation over the left piriformis muscles with referred pain to the gluteal muscles and posterior thigh. Sacroiliac tenderness, Fabere's-Patrick, test, sacroiliac thrust test and Yeoman's tests were positive bilaterally. Kemp's test was trace bilaterally with seated and supine straight leg raise positive on the left with referred low back pain and negative on the right side. Range of motion of the lumbar spine was 65 degrees on flexion, 15 degrees on extension and left lateral bending at 25 degrees and right lateral bending within normal limits. Hip range of motion was intact. Motor strength, sensation and deep tendon reflexes of the lower extremities were intact. Current medications were listed as

Norco 10mg-325mg, Gabapentin, Vistaril, Trazodone, Lunesta and Lidoderm. Treatment plan consists of continuing with home exercise program and stretches, medication regimen as prescribed and the current request for bilateral sacroiliac joint Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Rhizotomy/ 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.

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 section, Sacroiliac (SI) joint rhizotomy.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral SI joint rhizotomy (neurolysis) is not medically necessary. Sacroiliac radiofrequency neurotomy is not recommended due to the lack of evidence supporting the use of this technique. Current treatment remains investigational. In this case, the injured workers working diagnoses are lumbar disc disease; lumbar facet syndrome; bilateral sacroiliac joint arthropathy; and left piriformis syndrome. Date of injury is May 3, 2012. Request authorization is July 7, 2015. According to a July 7, 2015 progress note, the injured worker has ongoing low back pain 5/10. The injured worker received bilateral SI joint injections (facet injections). Prior injections resulted in 80% improvement for the first 3 to 4 days. Guidelines not recommend Sacroiliac radiofrequency rhizotomy (neurotomy). Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and the guideline non-recommendations for SI radiofrequency rhizotomy, bilateral SI joint rhizotomy (neurolysis) is not medically necessary.