

Case Number:	CM15-0165766		
Date Assigned:	09/03/2015	Date of Injury:	04/20/2002
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
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: Massachusetts

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 54 year old male who sustained an industrial injury on 04-20-2002. The injured worker was diagnosed with degeneration of the lumbar intervertebral disc, lumbago, lumbar radiculitis-radiculopathy, myofascitis and sacralgia. The injured worker is status post lumbar fusion (no date documented). Treatment to date has included diagnostic testing, physical therapy, sacroiliac (SI) joint injection on July 2, 2015 and medications. According to the primary treating physician's progress report on August 4, 2015, the injured worker continues to experience low back pain radiating to the left leg associated with tingling. The injured worker reported the recent sacroiliac injection in July 2015 gave 80% pain relief for 2 days only. Examination of the lumbar spine demonstrated range of motion normal without tenderness of the paraspinal muscles. Strength and tone of the paraspinal muscles were normal. There was no pain with facet loading. Straight leg raise was negative bilaterally. There was positive bilateral sacroiliac joint tenderness, right side greater than the left side. The greater trochanteric bursa was non-tender to palpation bilaterally. Faber's, Gaenslen's pelvic rock and thigh thrust were abnormal. Current medications were listed as Norco 10mg-325mg, Tramadol and Zanaflex. Urine drug screening was performed. Treatment plan consists of continuing medication regimen, home exercise program and the current request for left sacral radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbosacral RFA (radiofrequency ablation) Levels SA-S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment 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 & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and is being treated for chronic low back pain. He has a history of a lumbar fusion at L4-5. Bilateral intra-articular sacroiliac joint injections were done on 07/02/15 with use of fluoroscopy. Kenalog and bupivacaine were injected. When seen, there had been 80% pain relief lasting for up to two days after the sacroiliac joint injections. Physical examination findings included a BMI of over 31. There was bilateral sacroiliac joint tenderness with positive sacroiliac joint testing. Authorization is being requested for sacroiliac joint radiofrequency ablation. Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described. Further studies are needed to determine the potential candidates and treatment parameters for this disorder. The request is not considered medically necessary.