

Case Number:	CM15-0168887		
Date Assigned:	09/09/2015	Date of Injury:	09/25/2013
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 24-year-old woman sustained an industrial injury on 9-25-2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 11-4-2013. Diagnoses include sacroiliitis, lumbar spine radiculitis with multiple bulging discs (resolved), and lumbar facet arthropathy. Treatment has included oral medications, lumbar epidural steroid injections, home exercise program, and sacroiliac block. Physician notes from an interventional spine medicine consultation dated 8-11-2015 show complaints of low back pain rated 3 out of 10 with radiation down the right leg. The physical examination shows tenderness in the lumbosacral musculature and lumbosacral spinous processes, pain at the end of flexion range, lumbar facet compression test resulted in low back pain referred to the buttocks and thighs, tenderness to palpation over the posterior superior iliac spine, sacroiliac compression tests were positive for concordant primary pain, and concordant aggravation of primary pain with prolonged sitting or getting up from a seated position. Recommendations include radiofrequency ablation and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult - follow-up visit 6-8 weeks status post (s/p) injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Radiofrequency ablation right sacroiliac (SI) joint under fluoroscopic guidance: 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 & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint radiofrequency neurotomy.

Decision rationale: MTUS guidelines are silent regarding sacroiliac denervation. According to ODG guidelines, sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes; (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy; (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. 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. There is also controversy over the correct technique for radiofrequency denervation. 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 this case, there is no evidence of functional improvement and no recent objective quantification of the effect of a previous right sided sacroiliac block, performed on July 14, 2015. Therefore, the request for Radiofrequency ablation right sacroiliac (SI) joint under fluoroscopic guidance is not medically necessary.