

Case Number:	CM15-0182299		
Date Assigned:	09/23/2015	Date of Injury:	02/15/2010
Decision Date:	10/27/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 46 year old female, who sustained an industrial injury on 2-15-2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic pain syndrome, sacroiliac joint pain, and sacroiliac joint dysfunction. Treatments to date include medication therapy, a sacroiliac joint belt, and sacroiliac joint injections. Currently, she complained of ongoing low back and buttocks pain. The records documented bilateral sacroiliac joint injections performed the previous day with no change in pain, however, noted it may take up to five days for relief. Previous piriform injections administered on 6-9-15, were noted to provide 50% pain relief for several weeks. On 8-10-15, the physical examination documented decreased strength in bilateral lower extremity. There was tenderness over the sacroiliac joints, with positive Patrick's sign and Gaenslen's maneuver on the left side and a positive straight leg raise test on the left side. The plan of care included ongoing medication management. The appeal requested authorization for bilateral sacroiliac joint radiofrequency ablation with moderate sedation and fluoroscopic guidance. The Utilization Review dated 9-9-15, denied the request statins per ODG Hip and Pelvis Treatment Guidelines, (the requested treatment) "remains investigational."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint RF ablation with mod sedation and fluoro 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 and Pelvis, Sacroiliac 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 & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in February 2010 and continues to be treated for low back and buttock pain. Bilateral sacroiliac joint injections in June 2015 are referenced as providing more than 50% pain relief. When seen, she had pain rated at 5-7/10. Physical examination findings included sacroiliac joint tenderness. Left Patrick's, Gaenslen, and straight leg raising tests were positive. Authorization is being requested for bilateral radiofrequency ablation of the sacroiliac joints. 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. There are no right sided physical examination findings that support a diagnosis of sacroiliac joint mediated pain. The request is not medically necessary.