MAXIMUS Federal Services

Case Number:	CM15-0185154		
Date Assigned:	09/25/2015	Date of Injury:	05/28/1998
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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
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 male, who sustained an industrial injury on 5-28-98. The injured worker is undergoing treatment for chronic opioid therapy, right sacroiliac joint dysfunction, lumbar degenerative disc disease (DDD) and spinal stenosis. Medical records dated 8-28-15 indicate the injured worker complains of sacroiliac joint pain. The treating physician indicates L5, S1, S2 andS3 nerve blocks performed on 4-28-15 provided 75% pain relief. The 8- 28-15 visit does not indicate a pain scale. A note dated 6-3-15 indicates "BPI severity score of 4 and a BPI interference score of 6." Physical exam dated 8-28-15 notes antalgic gait, no neurological deficit in lower extremities and tenderness to palpation of sacroiliac joint area. Treatment to date has included physical therapy, sacroiliac joint belt and medication. A note dated 4-8-15 provides a lumbar magnetic resonance imaging (MRI) dated 8-19-14 indicates disc displacement annular tear, disc bulge, ligamentum flavum hypertrophy and stenosis. The original utilization review dated 9-9-15 indicates the request for L5, S1, S2, S3 and sacroiliac joint rhizotomy is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5, S1, S2, S3 & sacroiliac (SI) joint rhizotomy with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic Chapter (Online version).

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

Decision rationale: As noted in ODG, Sacroiliac radiofrequency neurotomy is not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. ODG notes that more research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. The request for L5, S1, S2, S3 & sacroiliac (SI) joint rhizotomy with IV sedation is not medically necessary and appropriate.