

Case Number:	CM15-0186808		
Date Assigned:	09/28/2015	Date of Injury:	04/06/2012
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on 04-06-2012. She has reported injury to the low back. The diagnoses have included intractable low back pain; left sacroiliac joint arthropathy; lumbar spine sprain-strain, multi-level disc bulging, degenerative disc disease, and facet joint osteoarthritis; and left sacroiliac joint sprain-strain. Treatment to date has included medications, diagnostics, L4-S1 medial branch block, and left sacroiliac joint injection. Medications have included Norco and Lidocaine Patch. A progress report from the treating physician, dated 04-16-2015, documented a follow-up visit with the injured worker. The injured worker reported symptoms have continued and are unchanged; the low back pain is rated at 4 out of 10 in intensity with medication; the pain is rated at 8 out of 10 in intensity without medications; and functional benefits of medications include the ability to perform activities of daily living. Objective findings included tenderness to palpation of the lumbar spine, left greater than right, and sacroiliac joint with muscle guarding; positive Kemp's sign; and positive straight leg raising test. The treatment plan has included the request for left sacroiliac joint rhizotomy-neurolysis x 1. The original utilization review, dated 09-11-2015, non-certified the request for left sacroiliac joint rhizotomy-neurolysis x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint rhizotomy/neurolysis x 1: 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).

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) chapter, under Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The patient was injured on 04/06/12 and presents with lumbar spine pain. The request is for a LEFT SACROILIAC JOINT RHIZOTOMY/NEUROLYSIS X 1. There is no RFA provided and the patient's current work status is not provided. The utilization review letter states that on 07/20/15, the patient underwent a left sacroiliac joint injection which resulted in 80% relief for a couple of weeks. ODG guidelines, chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'Sacroiliac joint radiofrequency neurotomy', states that the procedure is not recommended. "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," the guidelines note. The patient is diagnosed with intractable low back pain; left sacroiliac joint arthropathy; lumbar spine sprain-strain, multi-level disc bulging, degenerative disc disease, and facet joint osteoarthritis; and left sacroiliac joint sprain-strain. Treatment to date includes medications, diagnostics, L4-S1 medial branch block, and left sacroiliac joint injection. The reason for the request is not provided. In this case, ODG guidelines do not recommend a sacroiliac joint radiofrequency neurotomy. Therefore, the request IS NOT medically necessary.