

Case Number:	CM15-0186889		
Date Assigned:	09/28/2015	Date of Injury:	01/12/2007
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
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: 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 1-12-07. Diagnoses are noted as post laminectomy syndrome-lumbar region, spasm of muscle, lumbosacral spondylosis without myelopathy, degenerative thoracic-thoracolumbar disc, lumbago, cervicalgia, cervical spondylosis without myelopathy, degenerative lumbar-lumbosacral intervertebral disc, and sacroilitis not elsewhere classified. Previous treatment includes medication, MRI, xray, surgery, ice, and heat. In a pain management reevaluation - follow up visit dated 7-24-15, the physician notes he had a right sacroiliac joint injection on 6-25-14 and notes about an 80% improvement in pain. Relief only lasted a few hours. He has noted an increase in "drop foot" symptoms. Ice and heat help and medications are working fair. Since last visit, average pain is 7 out of 10, mood is 4 out of 10, and functional level is 4 out of 10. Current medications are Ambien, Atenolol, and Hydrocodone. On exam, he complains of the return of right sided low back pain over the sacroiliac joints. It is noted he is currently not working. The requested treatment of right sacroiliac joint radiofrequency ablation S1, S2, S3 x3 was non-certified on 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Radiofrequency Ablation S1, S2, S3 x 3: 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), Treatment for Workers Compensation, Online Edition, 2015, Hip & Pelvis Chapter (Acute & Chronic), Sacroiliac joint 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 sustained a work injury in January 2007 and has undergone multiple lumbar spine surgeries. The last surgery was done in December 2012. A right sacroiliac joint injection done on 06/25/14 provided 100% temporary pain relief. The injection was done with fluoroscopic guidance and monitored anesthesia. A 5 mL was injected into the joint space and an additional 1.5-2 mL was injected into the periscapular space. When seen, the claimant was having ongoing right-sided low back pain and pain over the right sacroiliac joint. He was having pain with right shoulder range of motion and right-sided neck pain with cervical genic headaches. Physical examination findings included a body mass index over 33. Authorization is being requested for radiofrequency ablation of the right sacroiliac joint. 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 claimant underwent a high volume sacroiliac joint injection as well as periscapular injection with monitored anesthesia which cannot be accepted as being a diagnostic injection. The request is not medically necessary.