

Case Number:	CM15-0190375		
Date Assigned:	10/02/2015	Date of Injury:	08/21/2001
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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 53-year-old female, who sustained an industrial injury on 8-21-01. Medical records indicate that the injured worker is undergoing treatment for cervical radiculopathy, cervicocranial syndrome, lumbar disc herniations, lumbar disc degeneration, right lower extremity radiculopathy, thoracic-lumbosacral radiculitis, chronic low back pain and post-laminectomy syndrome lumbar region. The injured worker is temporarily very disabled. On (8-11-15) the injured worker complained of neck pain with bilateral upper extremity radiculopathy and low back pain with bilateral lower extremity radiculopathy. The injured worker was noted to have received a left sacroiliac joint injection on 7-15-15 with minimal relief. The injured worker had relief for a few hours. The injured worker was scheduled for a right sacroiliac joint injection on 8-12-15. Examination of the lumbar spine revealed radicular symptoms on both legs, right greater than the left. Associated symptoms include numbness and tingling in the lower extremities. Treatment and evaluation to date has included medications, spinal cord stimulator implantation and subsequent removal, right sacroiliac joint block, left sacroiliac joint injection, lumbar laminectomy and multiple right wrist surgeries. Current medications include Ambien, Azithromycin, Dilaudid, Prilosec, Soma and Viibryd. Current treatment requests include one radiofrequency ablation at the sacroiliac joints. The Utilization Review documentation dated 9- 10-15 non-certified the request for one radiofrequency ablation at the sacroiliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral radiofrequency ablation at SI joints: 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), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury in August 2001 and is being treated for chronic pain. In February 2014 a failed spinal cord stimulator was explanted. On 05/15/15 there had been 50% pain relief with improved functional after a right sacroiliac joint block done on 04/29/15. A left sacroiliac joint injection in July 2015 produced minimal relief for a few hours. When seen in September 2015, there had been 20% improvement after right sacroiliac joint radiofrequency ablation done on 08/12/15. She was having neck and low back pain with radiculopathy. Physical examination findings included sacroiliac joint region pain on the right greater than left side. Being requested is authorization for bilateral sacroiliac joint radiofrequency ablation. 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. Additionally, the claimant had a negative diagnostic response to the left sacroiliac joint injection performed. Requesting a bilateral radiofrequency ablation procedure would not be considered appropriate. The right sided procedure was already done without authorization and was ineffective. The request is not medically necessary.