

Case Number:	CM15-0190384		
Date Assigned:	10/02/2015	Date of Injury:	08/21/2001
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
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: Arizona, 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 53 year old female, who sustained an industrial injury on 8-21-01. The injured worker was diagnosed as having chronic low back pain with severe leg pain left greater than right status post laminectomy and status post spinal cord stimulator implant in 2013. Treatment to date has included right sacroiliac radiofrequency ablation on 8-12-15, spinal cord stimulator implantation and removal, and medication including Dilaudid, Methadone, and Soma. The treating physician noted a right sacroiliac radiofrequency ablation provided 20% improvement in pain. Physical examination findings on 9-10-15 included low back pain with radicular symptoms in bilateral legs. Sacroiliac joint pain was noted. On 9-10-15, the injured worker complained of low back pain and left greater than right leg pain rated as 9 of 10. The treating physician requested authorization for left sided sacroiliac joint radiofrequency ablation and a Medrol dose pack. On 9-11-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sided SI joint radiofrequency ablation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute and Chronic) 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) low back chapter and pg 39.

Decision rationale: RF ablations are appropriate in those who do not have radiculopathy and have responded to prior blocks. In this case, the claimant has radiculopathy and MRI changes associated with higher levels of the lumbar spine. The claimant did obtain adequate benefit from a prior medial branch block. There was increasing pain, spasms and facet tenderness. The request for SI RF ablation is appropriate.

1 medrol dose pack #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 17.

Decision rationale: According to the guidelines, steroids can be used in acute settings of radiculopathy. In this case, the claimant's pain is chronic but there is an acute flare up of symptoms in which the claimant is requesting a higher dose of pain medications. The claimant does have upper and lower extremity radicular symptoms. The request for Medrol Dose Pack is appropriate.