

Case Number:	CM15-0191706		
Date Assigned:	10/05/2015	Date of Injury:	05/20/2014
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 5-20-2014. The injured worker is being treated for cervical strain, thoracic strain, lumbar strain and right L3 radiculopathy. Treatment to date has included diagnostics, epidural steroid injection, and one prior right sacroiliac radiofrequency ablation (RFA) procedure. Per the Primary Treating Physician's Orthopedic Spine Surgery Progress Report dated 8-10-2015, the injured worker presented for follow-up evaluation. Per the report, he had the opportunity to undergo sacroiliac joint injections, which provided resolution of his pain for approximately 2 days. He noted increasing functional improvement and better sleep as well as decreased pain. He continues to utilize Norco with good benefit for his pain. He reported neck pain rated as 4 out of 10 with medications and 7 out of 10 without, and low back pain rated as 4 out of 10 with medications and 7-8 out of 10 without. Objective findings included an antalgic gait favoring the left lower extremity. There was palpable tenderness over the sacroiliac joints. Work status was temporarily totally disabled. The plan of care included physical therapy, medications and a right sacroiliac joint radiofrequency ablation (RFA). Authorization was requested on 8-10-2015 for Norco 10-325mg #90, Naprosyn 550mg #60, physical therapy (2x3) and right sacroiliac RFA. On 9-04-2015, Utilization Review non-certified the request for right sacroiliac joint RFA.

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: 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-TWC), Hip & Pelvis Procedure Summary.

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

Decision rationale: Regarding the request for Right sacroiliac joint radiofrequency ablation, California MTUS does not address the issue. ODG states that the procedure is not recommended. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear, and there is also controversy over the correct technique for radiofrequency denervation. They also note that 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. In light of the above issues, the currently requested Right sacroiliac joint radiofrequency ablation is not medically necessary.