

Case Number:	CM15-0193848		
Date Assigned:	10/07/2015	Date of Injury:	12/03/2003
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 34 year old female, who sustained an industrial injury on 12-03-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for migraines, diabetes, lumbar disc disease with radiculopathy, radicular symptoms of the lower limbs, low back pain, cervicalgia, and sacral or sacroiliac disorder. Medical records (04-02-2015 to 08-27-2015) indicate ongoing low back pain with radiating pain into both lower extremities, and neck pain. Pain levels were 3-8 out of 10 on a visual analog scale (VAS). Records also indicate improved activity levels and level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-27-2015, revealed limited range of motion in the lumbar spine due to pain, positive facet loading test, slightly decreased motor strength in the left lower extremity, diminished sensation along all dermatomes of the left lower extremity, decreased reflexes in the left lower extremity, positive straight leg raise on the left, positive sacroiliac arthropathy, and tenderness over the bilateral sacroiliac joints. Relevant treatments have included physical therapy (PT), right lumbar transforaminal epidural steroid injection (2011) with 90% pain relief for several months, lumbar epidural steroid injections with benefit for a few days, bilateral sacroiliac joint injections (04-2015) with reported benefit in "increased ability to walk around and get up", chiropractic treatments, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (no date) showed a mild disc bulge at L4-5 and L5-S1 (more prominent on the left than right). The request for authorization was not available for review; however, the utilization review letter states that the following procedure was requested on 09-17-2015: bilateral sacroiliac joint ablation. The original utilization review (09-24-2015) non-certified the request for a bilateral sacroiliac joint ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint 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), Hip and Pelvis, 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) Hip & Pelvis, Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS is silent on sacroiliac joint rhizotomy. Per the ODG guidelines with regard to sacroiliac radiofrequency neurotomy: Not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. As the requested procedure is not recommended, the request is not medically necessary.