

Case Number:	CM15-0195448		
Date Assigned:	10/09/2015	Date of Injury:	01/22/1990
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained an industrial injury on 01-22-1990. A review of the medical records indicated that the injured worker is undergoing treatment for dysfunction of the sacral region and lumbar post-laminectomy syndrome. The injured worker is status post L4-S1 decompression and fusion in 2007. According to the treating physician's progress report on 09-03-2015, the injured worker continues to experience bilateral low back pain with limitations in activities of daily living. Examination noted a normal gait with bilateral motor strength of the lower extremities intact. There was tenderness over the bilateral sacroiliac (SI) joints. Positive bilateral Patrick-Fabere maneuver and positive bilateral Fortin finger test were documented. Lumbar spine magnetic resonance imaging (MRI) with official report performed on 03-23-2015 was included in the review. Prior treatments have included diagnostic testing, surgery, lumbar epidural steroid injection and diagnostically positive sacroiliac joint injections though no long term pain relief was noted (no date documented), transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications were listed as Lunesta and topical analgesics. Treatment plan consists of medication regimen, continuing with TENS unit and the current request on 09-03-2015 for outpatient bilateral sacroiliac radiofrequency ablation. On 09-15-2015, the Utilization Review determined the request for outpatient bilateral sacroiliac radiofrequency ablation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral sacroiliac 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: The patient has undergone previous SI blocks (undated); however, no documented VAS pain level or duration of benefit are provided now with request for RFA. Per Guidelines, facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported chiropractic treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for multilevel disc protrusions. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc protrusions without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The outpatient bilateral sacroiliac radiofrequency ablation is not medically necessary and appropriate.