

Case Number:	CM15-0197349		
Date Assigned:	10/12/2015	Date of Injury:	01/10/2008
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 40 year old male, who sustained an industrial injury on 1-10-08. Medical records indicate that the injured worker is undergoing treatment for right lower extremity pain, low back pain and right sacroiliac joint dysfunction. The injured worker was noted to be working part-time. On (9-11-15) the injured worker complained of right lower back pain. The injured worker was noted to have undergone lumbar spine surgery on 4-28-15 and reported continued right buttock and right foot stabbing pain. Examination of the lumbar spine revealed tenderness to palpation over the right sacroiliac joint. A straight leg raise test was positive on the right. Sensation was intact bilaterally. Treatment and evaluation to date has included medications, lumbar spine x-rays, MRI of the lumbar spine, physical therapy, right sacroiliac joint steroid injection and two lumbar spine surgeries. The MRI of the lumbar spine (1-21-15) revealed mild right sacroiliac joint nerve root stenosis. There was no significant interval change. The injured workers right sacroiliac joint injection was noted to provide some improvement. Current medications include Lyrica, Meloxicam and Tramadol HCL. The request for authorization dated 9-18-15 includes a request for a right sacroiliac joint ablation # 1. The Utilization Review documentation dated 9-24-15 non-certified the request for a right sacroiliac joint ablation # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac 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 Chapter; Sacroiliac joint blocks.

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, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of rhizotomy. ODG Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy states that it is not recommended. It states "Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder." As the guidelines do not recommend the procedure, the determination is for non-certification. The request is not medically necessary.