

Case Number:	CM15-0197537		
Date Assigned:	10/13/2015	Date of Injury:	12/17/2001
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 66-year-old male with a date of injury on 12-17-2001. The injured worker is undergoing treatment for C5-6 and C6-7 severe disc degeneration-non industrial, status post spinal cord stimulator implant, left S1 joint dysfunction confirmed by sacroiliac joint block, residual lateral recess stenosis at L4-5 and L5-S1, status post L2-S1 anterior and posterior fusion in 2004-solid, lower thoracic an upper lumbar radiculopathy, L2-3 foraminal stenosis, chronic intractable pain syndrome, probable symptomatic hardware L2-S1, and postoperative L5 neuropathic pain. A physician progress note dated 08-19-2015 documents the injured worker has pain in his neck, right shoulder, left side of lower back, left hip and done the left leg. Back pain radiates to the left side and down to the groin and is rated 9-10 out of 10 without medications and 4 out of 10 with meds. He did not receive the Suboxone; however, he has been able to discontinue the morphine on his own. He did have some withdrawal symptoms with his attempt at weaning down. He has guarding with slowed movements of the lumbar spine, and range of motion is limited. He has a dyskinetic recovery from a forward flexed posture. He has diffuse tenderness of the lumbo sacral junction. He is unable to sit in the chair comfortably and leans to take pressure off the right side. He uses a seated walker for balance and support. He has sensory deficits in the L5 distribution. There is a positive straight leg raise. Treatment to date has included diagnostic studies, medications, left S1 joint block, acupuncture x 12 sessions, lumbar epidural steroid injection, L2-S1 fusion, status post L2-S1 anterior and posterior fusion, and SCS. A CT of the lumbar spine done on 01-29-2015 showed solid anterior and posterior fusion, no evidence of hardware loosening or fracture and L2-3 foraminal stenosis bilaterally. A

CT myelogram of the thoracic spine done on 06-17-2015 showed degenerative changes, some loss of disc height, and some disc space narrowing. There is no significant bony spinal canal stenosis in the thoracic spine. A CT myelogram of the lumbar spine done on 06-17-2015 revealed solid anterior fusion at L2-3, L3-4, and L4-4 and L5-S1, and a solid posterior fusion from L2 to S1, no significant L5 foraminal stenosis bilaterally, there is a laminectomy at L3, L4, and L5, there is perhaps some very minimal left L5 lateral recess stenosis at the entry to the left L5 foramen. Current medications include Cymbalta, Lactulose, Flector patch, Norco, and Suboxone. On 09-11-2015 Utilization Review non-certified, the request for CT scans of abdomen and radiofrequency ablation of the left sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of the Left Sacroiliac Joint: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain medicine news June 2010 Radiofrequency ablation techniques for chronic sacroiliac joint pain
http://www.painmedicineneeds.com/download/rfablationsacro_pmn0610_wm.pdf.

Decision rationale: Radiofrequency procedures such as rhizotomy have been used in the treatment of SI joint pain and the results have been variable with "wide variations in technique, selection criteria and standards of success". The ideal candidate for this procedure is likely a younger patient with suspected extraarticular pathology. In the case of this injured worker, it does not appear that she is an ideal candidate and the prior studies lack sufficient data to medically justify the request for a radiofrequency ablation of the left sacroiliac joint. Therefore, this request is not medically necessary.

CT Scan of Abdomen: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Overview of abdominal wall hernias in adults.

Decision rationale: A CT scan of the abdomen was requested to evaluate for an abdominal wall hernia. The MD visit on includes a physical exam of the cervical and lumbar spine and extremities but does not include an examination of the abdomen nor provide any history of abdominal symptoms or diagnostic reasoning or justification to support the diagnosis of an abdominal wall hernia. The medical necessity for an abdominal CT to evaluate for an abdominal wall hernia is not substantiated in the records. Therefore, the request is not medically necessary.

