

Case Number:	CM15-0202900		
Date Assigned:	10/19/2015	Date of Injury:	02/28/2000
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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 53-year-old female with an industrial injury date of 11-13-1999. Medical record review indicates she is being treated for left lumbar and cervical radiculopathy, cervical and lumbar facet arthropathy, lumbar discogenic spine pain, degenerated disc disease and thoracic outlet syndrome. Subjective complaints (09-25-2015) included lower back pain, bilateral lower extremity throbbing and radiating pain, left buttock area pain, cervical area pain and pain in both upper extremities. Pain rating was documented as follows: Pain rating previously on good and bad days is 8/10 and currently 7/10. The pain is described as constant and aggravated by sitting, standing and walking. Alleviating factors include heat, cold, rest and lying down. Work status is documented as permanent and stationary. Prior treatments include nerve blocks, injections, epidural steroid injections, chiropractor, physical therapy, home exercise program and narcotic pain medication. Physical exam (09-25-2015) noted severe tenderness over lower lumbar facet joints with severe tenderness of bilateral sacroiliac joints. Fabere and Patrick tests were positive. Lumbar extension at 5 degree was painful and extension was painful. Decreased vibratory sensation was noted at left lumbar 5 and left sacral 1. Light touch was decreased in left lower extremity. On 10-01-2015, the request for bilateral lumbar radiofrequency ablation anesthesia with x-ray under fluoroscopic guidance lumbar 5, lumbar 5 and sacral 1 and right sacroiliac joint injection with anesthesia was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar radiofrequency ablation anesthesia w/ x-ray, under fluoroscopic guidance L4, L5, S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, 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 without evidence of radicular findings not met here as the patient has continued radiating low back pain, radicular findings on clinical evaluation, and MRI is without clear facet arthropathy s/p previous lumbar epidural injections. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from any blocks for this chronic 1999 P&S injury without recommendation for multilevel procedures as requested here at L4, L5, S1. The Bilateral lumbar radiofrequency ablation anesthesia w/ x-ray, under fluoroscopic guidance L4, L5, S1 is not medically necessary and appropriate.

Right S1 Joint Injection with anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis.

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: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks questioning validity. There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic 1999 P&S injury. The Right SI Joint Injection with anesthesia is not medically necessary and appropriate.