

Case Number:	CM15-0204004		
Date Assigned:	10/20/2015	Date of Injury:	02/12/2015
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho

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 37 year old male who sustained an industrial injury on 2-12-15. A review of the medical records indicates he is undergoing treatment for left sacroiliac joint dysfunction, coccyx fracture-distal tip nonunion, left elbow contusion, closed head injury, L2-S1 stenosis, and L4-S1 facet arthropathy. Medical records (6-1-15, 8-10-15, and 9-21-15) indicate ongoing complaints of low back pain with radiation to the left posterior thigh through the calf. He rates the pain "3-5 out of 10" with medications. Without medications, he pain has varied "5-10 out of 10". The physical exam (9-21-15) reveals a normal gait. Tenderness to palpation is noted "over the left sacroiliac joint block". Motor strength is "5 out of 5" bilaterally in the lower extremities. The treating provider indicates positive thigh thrust, Fortin sign, and compression sign. Diagnostic studies have included x-rays of the lumbar spine and an MRI of the lumbar spine, as well as an MRI of the sacrum. Treatment has included a left sacroiliac joint block, which is noted to have had "100% reduction of pain for the length of the local anesthetic which has gradually returned to baseline". Other treatment has included physical therapy and medications. He is prescribed modified work duty. Treatment recommendations include radiofrequency ablation at the left sacroiliac joint block. The utilization review (10-5-15) includes a request for authorization of the radiofrequency ablation of the left sacroiliac joint block. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation, Left SI Joint Block QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac joint 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 and pelvis.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of sacroiliac radiofrequency ablation. The ODG, hip and pelvis section, states that the procedure is 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 request is not recommended by the guidelines, it is not medically necessary.