

Case Number:	CM15-0209953		
Date Assigned:	10/28/2015	Date of Injury:	05/03/2008
Decision Date:	12/09/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43-year-old male who sustained an industrial injury on 5-3-2008 and has been treated for bilateral sacroiliac joint dysfunction, failed back syndrome, and lumbar spondylosis. On 10-12-2015 the injured worker reported resumption of low back pain post bilateral sacroiliac injections in 8-2015, characterized as stabbing, throbbing, and deep aching, aggravated by prolonged sitting, standing, or walking. Objective findings included bilateral sacroiliac joint tenderness, positive Patrick's and Gaenslen's test bilaterally, L3-S1 paralumbar muscle spasm, facets tenderness, and lumbosacral spine was noted to have decreased range of motion. Documented treatment includes home exercise, Norco, Tramadol and he underwent right sacroiliac joint injection under fluoroscopy 8-17-2015, and the left on 8-24-2015 noted to relieve pain 50-60 percent for 8 weeks. Other treatments noted 6-29-2015 have included physical therapy, NSAIDs, muscle relaxants and activity modification "without significant benefit." The physician stated conservative therapies had been tried for "more than 12 weeks." The treating physician's plan of care includes a request for submitted for bilateral radiofrequency for sacroiliac joint, which was denied on 10-22-2015. The injured worker is noted to be working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency to bilateral sacroiliac joint Qty: 1.00: 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 & Pelvis (Acute & Chronic) - Sacroiliac radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: According to the guidelines, radiofrequency ablation is under study and if performed indicated is for those have 50% relief from blocks. In this case, the claimant had chronic sacrollic tenderness but was not noted a facet arthropathy. Although, the initial injections may have helped, they do not provide lasting benefit. The ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. As a result, the request for radiofrequency of the SI joint is not medically necessary.