

Case Number:	CM15-0212397		
Date Assigned:	11/02/2015	Date of Injury:	09/24/2013
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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: Illinois, California, Texas
 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:

This injured worker is a 53-year-old female who sustained an industrial injury on 9/24/13. Injury was reported relative to a slip and fall in which she struck her back against a metal pole and bounced off into shelves. Records documented the 10/10/13 lumbar MRI findings of a large L4/5 disc herniation with right neuroforaminal stenosis. Conservative treatment had included L4/5 transforaminal epidural steroid injection, bilateral L3, L4, and L5 medial branch facet rhizotomies, bilateral sacroiliac (SI) joint injections, and physical therapy. The 9/22/14 L4/5 epidural steroid injection provided 60% improvement and 50% reduction in pain medications. The bilateral L3, L4, and L5 medial branch facet rhizotomies performed 6/12/15 provided 60% relief. The 9/23/15 pain management report cited grade 4/10 low back pain. She underwent bilateral SI joint injections on 8/24/15 with 80% reduction in pain with functional improvement in activities of daily living. She reported a fall following the sacroiliac joint injections with bilateral knee swelling and lumbar paravertebral muscle spasms. Physical exam documented right antalgic gait, heel/toe walk exacerbated to the right, diffuse lumbar paravertebral muscle tenderness and spasms, and trace facet tenderness over the L4-S1 spinous processes. Sacroiliac provocative testing was positive bilaterally. There was 4/5 right knee extension weakness and diminished left patellar reflex. The diagnosis was lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. There was evidence of tenderness to palpation over the sacroiliac joint with three positive SI joint orthopedic tests and spasms. Tenderness of the piriformis muscle elicited referral pain to the posterior thigh and gluteal muscle. She had failed conservative treatment in the form of physical therapy,

chiropractic manipulative therapy, medication, rest, and home exercise program. Authorization was requested for right and left SI joint rhizotomies. The 10/20/15 utilization review non-certified the requests for right and left SI joint rhizotomies as the Official Disability Guidelines did not recommend sacroiliac radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (sacroiliac) joint rhizotomy, 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: Hip & Pelvis (Acute & Chronic) - Sacroiliac 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: Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for sacroiliac joint radiofrequency rhizotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. There is no compelling rationale presented to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.

Left SI (sacroiliac) joint rhizotomy, 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: Hip & Pelvis (Acute & Chronic) - Sacroiliac 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: Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for sacroiliac joint radiofrequency rhizotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. There is no compelling rationale presented to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.

