MAXIMUS Federal Services

Case Number:	CM15-0219375		
Date Assigned:	11/12/2015	Date of Injury:	04/25/2012
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/09/2015

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 66-year-old male who sustained an industrial injury on 4/25/12. Injury occurred when he was climbing down a step ladder, missed a step and fell to the ground. The 6/8/15 lumbar spine MRI documented grade 1 anterolisthesis of L4 on L5 combined with biforaminal disc protrusions resulted in abutment of the exiting L4 nerve roots. There was moderate L4/5 central canal stenosis and high-grade facet arthropathy and ligamentum flavum hypertrophy. At L3/4, there was a 4 mm right foraminal disc protrusion with abutment of the exiting right L3 nerve root. The 6/3/15 pain management report cited decreased lower back pain, rated 4/10. He reported that he was able to walk better since receiving therapy in Mexico. Physical exam documented a limb favoring the right lower extremity and heel-toe walk exacerbated to the right. There was moderate tenderness to palpation over lumbar paravertebral muscles and moderate facet tenderness from C3-C7. There were positive sacroiliac (SI) provocative tests. Lumbar mechanical and nerve tension signs were positive. There was moderately limited lumbar range of motion. Neurologic exam documented 4/5 bilateral knee extensor and hip flexor weakness, diminished patellar reflexes, and intact sensation. The treatment plan recommended a right SI joint injection. The 10/5/15 treating physician report indicated that the injured worker had undergone a right SI joint injection on 8/24/15 with 70-80% relief for a few weeks, with on-going 40% relief. Authorization was requested for right SI joint rhizotomy. The 10/14/15 utilization review non-certified the request for right SI joint rhizotomy as this procedure was not recommended due to lack of evidence supporting the technique which was considered investigational.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint rhizotomy: 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 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. Given the absence of guideline support for this procedure, this request is not medically necessary.