

Case Number:	CM15-0031618		
Date Assigned:	02/24/2015	Date of Injury:	06/15/2009
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old female, who sustained an industrial injury on 06/15/2009. On provider visit dated 01/06/2015 the injured worker has reported lumbar spine pain. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral total knee replacement. Treatment to date has included injections and TENS unit. On examination she was noted to have diffuse tenderness over the lumbar paravertebral musculature area and moderate facet tenderness form L4-S1. On 01/30/2015 Utilization Review non-certified right sacroiliac joint rhizotomy and neurolysis; QTY: 1 and right Botox injection. The CA MTUS, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint rhizotomy and neurolysis; 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 (ODG, Criteria for Use of Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiofrequency Neurotomy for the Treatment of Sacroiliac Joint Syndrome, Musculoskeletal Medicine, March 2009; 2 (1): 10 & 14.

Decision rationale: Radiofrequency neurotomy has been shown to have limited evidence in treating SI joint syndrome as there are no randomized controlled trials to evaluate this procedure. Future studies are needed to better evaluate its efficacy. Considering this lack of evidence of efficacy success supporting this procedure, this request for a right sacroiliac joint rhizotomy and neural lysis is not medically necessary.

Right Botox injection (amount and site unspecified) ; QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25-26.

Decision rationale: It is unclear from the medical records and this request what the site and amount of this Botox injection is intended. Without additional justification and clarification, this request for a right-sided Botox injection is not medically necessary.