

Case Number:	CM15-0038695		
Date Assigned:	03/09/2015	Date of Injury:	10/23/1967
Decision Date:	04/23/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 78 year old male, who sustained an industrial injury on 10/23/67. He has reported back injury. The diagnoses have included lumbosacral spondylosis without myelopathy and sacroiliac osteoarthritis. Surgery included lumbar fusion. Treatment to date has included medications, injections, surgery, diagnostics, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/16/15, the injured worker complains of continued resistant low back pain which is referable to the sacroiliac joint on the right side. He has had surgery and injections previously which have failed to alleviate the symptoms. Physical exam revealed weight 284 pounds, height 71 inches, blood pressure 100/68. On exam there was a positive pelvic compression test. It was noted that the physician impression was that the injured worker had subjective complaints of low back pain referable, localization sacroiliac joint on the right side. Recommendation was S1, S2, and S3 right radio frequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

S1, S2, S3 right radiofrequency neurotomy: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip & Pelvis (Acute & Chronic) Chapter, sacroiliac joint radio frequency neurotomy.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with low back pain. The request is for S1, S2, S3 right radiofrequency neurotomy. Patient's diagnosis per Request for Authorization form dated 01/28/15 includes lumbosacral spondylosis and sacroiliac joint osteoarthritis. Treatment to date has included injections, surgery, diagnostics, and Home Exercise Program (HEP). Patient is taking Norco, per treater report dated 01/09/15. Patient's work status is not available. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter states: "sacroiliac joint radio frequency neurotomy: Not recommended." Per progress report dated 01/26/15, treater states the patient had "S1, S2, S3 medial branch injection" in March and July of 2013 resulted in "80% release and lasted for a short period of time however. The injection I performed 12/11/13 resulted in 95% pain release for 7 days... The patient was seen today continue to have resistant low back pain referable to the sacroiliac joint without true radiculopathy with a positive pelvic compression test." However, the procedure is not supported by ODG. Therefore, the request IS NOT medically necessary.