

Case Number:	CM15-0051581		
Date Assigned:	03/25/2015	Date of Injury:	08/19/2011
Decision Date:	05/11/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 71-year-old female who sustained an industrial injury on 8/19/11. Injury was sustained relative to frequent lifting and carrying throughout the day. The 11/14/13 electrodiagnostic report documented findings suggestive of bilateral chronic active L5/S1 radiculopathy, right greater than left. The 12/2/13 lumbar spine MRI findings documented a moderate compression fracture at L1. There were multilevel disc bulges from T12/L1 through L5/S1 that mildly impressed the thecal sac, with bilateral facet arthropathy and ligamentum flavum hypertrophy. There was bilateral neuroforaminal narrowing noted at L3/4 and L4/5 with possible annular fissure/tear at L3/4. The injured worker underwent bilateral sacroiliac joint injections on 9/27/14. The 10/16/14 pain management report cited low back and right knee pain, grade 6/10 without medications. The patient reported very little change in pain since the injection. She also reported 80% relief with bilateral sacroiliac joint injection and she was able to stop taking Norco, walk longer distances, and had resolution of burning mid-lower back pain. Physical exam documented wide-based antalgic gait on the right, inability to perform right heel/toe walk, difficulty performing left heel/toe walk, diffuse lumbar paraspinal tenderness, moderate to severe facet tenderness L4-S1, right piriformis tenderness, and positive bilateral Kemp's and Farfan's tests. Lumbar range of motion was mildly limited in flexion and extension, decreased bilateral L3, L4, and L5 sensation, 4/5 big toe extension and knee extension weakness, and decreased right patellar reflex. The diagnosis included lumbar spine disc disease, radiculopathy, and facet syndrome, and bilateral sacroiliac joint arthropathy. She had failed conservative treatment including physical therapy, chiropractic manipulation, medication, rest,

and home exercise. Authorization was requested for bilateral sacroiliac joint rhizotomy and neurolysis. Additional requested were noted for bilateral L4 through S1 medial branch blocks. The 2/11/15 utilization review non-certified this request as sacroiliac joint radiofrequency rhizotomy is not recommended by guidelines due to limited evidence for this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy and neurolysis: 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 (updated 10/09/14), journal sponsored by the American Society of Interventional Pain.

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.