MAXIMUS Federal Services

Case Number:	CM15-0052337		
Date Assigned:	03/25/2015	Date of Injury:	04/03/2006
Decision Date:	05/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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
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 57-year-old female who reported an injury on 04/03/2006. The mechanism of injury was bending. The injured worker's diagnoses include lumbar radiculopathy, sacroiliac joint pain, lumbar sprain/strain, and lumbar degenerative disc disease. The injured worker's past treatments included left sacroiliac joint radiofrequency nerve ablation, diagnostic left sacroiliac joint injection, and medications. The injured worker's diagnostic studies were not submitted for review. The injured worker's surgical history was noted to include bilateral carpal tunnel releases, hernia repair, and tonsillectomy. On 02/05/2015, the patient was evaluated for bilateral low back pain. She reported remaining 50% improved since receiving the fluoroscopy guided bilateral L4-5 and bilateral L5-S1 lumbar transforaminal epidural steroid injection. Upon physical examination, lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than flexion. There was tenderness upon palpation of the bilateral sacroiliac joint, right worse than left. Lumbar discogenic provocative maneuvers were positive. Bilateral sacroiliac joint provocative maneuvers included Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus. There was decreased sensation in the right L5 dermatome of the right leg. The injured worker's medications were noted to include Ambien 10 mg, Zipsor 25 mg, Lidoderm patch, Lyrica 50 mg, and hydrocodone 5/325 mg. The request was for fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation. The rationale for the request was to more permanently treat the patient's low back pain. The Request for Authorization form was signed and submitted on 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide 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 request for Fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation is not medically necessary. According to the Official Disability Guidelines, sacroiliac joint radiofrequency neurotomies are not recommended. There is insufficient evidence to recommend this procedure. The provider noted that the diagnostic left sacroiliac joint injection provided a 50% relief of her sacroiliac joint pain 30 minutes after the injection, which lasted for greater than 2 hours. However, the documentation does not indicate results of diagnostic sacroiliac joint injections for the right sacroiliac joint. Additionally, the Official Disability Guidelines do not recommend repeat sacroiliac joint injections without documented evidence of at least 70% pain relief for 6 weeks. Given the above, the request is not supported. As such, the request is not medically necessary.