

Case Number:	CM15-0242279		
Date Assigned:	12/21/2015	Date of Injury:	05/12/2011
Decision Date:	01/28/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/11/2015

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 54-year-old female who sustained an industrial injury on 5/12/11, relative to a slip and fall. The 1/14/15 pain management report cited grade 5/10 lower back pain with burning sensation on the lateral aspect of the anterior thigh, left greater than right. Physical exam documented positive straight leg raise, Patrick's, and facet loading tests. There was bilateral hip flexion weakness and intact sensation. There was tenderness to palpation over the lumbar paraspinal muscle and sacroiliac joint region. Imaging showed multilevel loss of vertebral disc height and disc desiccation from L2 to S1. There was a broad-based disc protrusion at L5/S1 with mild to moderate bilateral facet arthropathy and bilateral neuroforaminal stenosis. At L4/5, there was a 4.8 mm disc protrusion with moderate bilateral facet arthropathy and annular tear on the right side of the disc affecting the exiting L4 nerve roots. There were disc protrusions at L2/3 and L3/4 with mild to moderate bilateral facet arthropathy. The diagnosis included lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, sacroiliac joint dysfunction, and depression. She was scheduled for bilateral sacroiliac joint injections and pending authorization for bilateral L3, L4, and L5 medial branch blocks. She underwent left L3, L4, and L5 medial branch radiofrequency ablation on 7/9/15 and right L3, L4, and L5 medial branch radiofrequency ablation on 7/23/15. The 8/26/15 treating physician report cited grade 2-3/10 low back pain. She had a medial branch radiofrequency ablation with 50% improvement in her back pain. She was able to move around a lot easier and was only taking over-the-counter Motrin for breakthrough pain. She was getting some more pain and weakness at times. She denied radicular symptoms. She was doing home

exercises. Physical exam documented positive left Patrick's test, positive right facet loading test. Strength within normal limits over the lower extremities. In addition, tenderness to palpation over the sacroiliac joint region. The diagnosis included sacroiliac joint dysfunction, left greater than right. Authorization was requested for left S1, S2, and S3 medial branch block with fluoroscopy for sacroiliac joint dysfunction. If successful, radiofrequency ablation would be considered. The 10/28/15 treating physician report cited 75% improvement in left sided low back pain following left S1, S2, and S3 medial branch blocks. Authorization was requested for left S1, S2 and S3 medial branch radiofrequency ablation with fluoroscopy. The 12/1/15 utilization review non-certified the request for left S1, S2 and S3 medial branch radiofrequency ablation with fluoroscopy as the response to diagnostic blocks did not meet guideline criteria to proceed with radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1, S2 and S3 medial branch radiofrequency ablation with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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 due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. There is no compelling rationale to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.