

Case Number:	CM14-0128129		
Date Assigned:	09/16/2014	Date of Injury:	08/09/2011
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 52 year-old female was reportedly injured on 8/9/2011. The most recent progress note, dated 8/12/2014. Indicates that there are ongoing complaints of chronic low back pain. The physical examination is handwritten and states lumbar spine: painful range of motion, positive tenderness to palpation with muscle spasm in the lumbar spine and paravertebral musculature. Lumbosacral junction bilateral SI joint, bilateral Yeoman's test is positive, positive sacroiliac joint stress, positive Gaenslens right more than left. No recent diagnostic studies are available for review. Previous treatment includes chiropractic care, physical therapy, acupuncture, medications, previous bilateral SI joint injection, and conservative treatment. A request had been made for right and left sacroiliac joint Rhizotomy and was not certified in the pre-authorization process on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint Rhizotomy: 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), Treatment Integrated treatment/disability duration guidelines Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -

Lumbar & Thoracic (Acute & Chronic) Updated 8/22/2014. Facet Joint Radiofrequency Neurotomy.

Decision rationale: CA MTUS does not address this issue, therefore ODG guidelines were utilized. It states there is conflicting evidence available to the efficacy of this procedure and approval treatment should be made on a case by case basis. Studies have not demonstrated improved function associated with this procedure. The following criteria should be utilized in determining approval for this procedure. Diagnosis of facet joint pain using a medial branch block, no more than two levels are to be performed at one time, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. After review of the medical records provided it is noted the injured worker does have chronic sacroiliac joint pain and has benefited from previous injections. Unfortunately, the current research and controlled clinical trials have not completely demonstrated improvement in function and decrease in pain with this procedure. There is also controversy over what technique is most beneficial for radiofrequency ablation. Therefore lacking conclusive evidence-based medicine, this request is deemed not medically necessary at this time.

Left sacroiliac joint Rhizotomy: 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), Treatment Integrated treatment/disability duration guidelines Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Updated 8/22/2014. Facet Joint Radiofrequency Neurotomy.

Decision rationale: CA MTUS does not address this issue, therefore ODG guidelines were utilized. It states there is conflicting evidence available to the efficacy of this procedure and approval treatment should be made on a case by case basis. Studies have not demonstrated improved function associated with this procedure. The following criteria should be utilized in determining approval for this procedure. Diagnosis of facet joint pain using a medial branch block, no more than two levels are to be performed at one time, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. After review of the medical records provided it is noted the injured worker does have chronic sacroiliac joint pain and has benefited from previous injections. Unfortunately, the current research and controlled clinical trials have not completely demonstrated improvement in function and decrease in pain with this procedure. There is also controversy over what technique is most beneficial for radiofrequency ablation. Therefore lacking conclusive evidence-based medicine, this request is deemed not medically necessary at this time.