

Case Number:	CM14-0132415		
Date Assigned:	09/19/2014	Date of Injury:	01/09/2004
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 47 year old female with a 1/9/04 injury date. The mechanism of injury was not provided. In a follow-up on 7/8/14, the patient reports 90% pain relief after a sacroiliac joint injection. There were improvements in ambulation and decreased medication usage. She was able to sit longer and only has some mild pain after 8 hours of sitting. She is able to walk, bend, and stoop with much greater ease. Objective findings included antalgic gait, SI joint tenderness, and no motor or sensory deficits. Diagnostic impression: sacroiliitis. Treatment to date: SI joint injections, medications. A UR decision on 7/31/14 denied the request for bilateral SI joint rhizotomy on the basis that ODG criteria do not support the use of this procedure. The request for hot and cold unit was denied on the basis that the guidelines do not support the use of more costly units for application of heat and cold.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL 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, HIP AND PELVIS (ACUTE AND CHRONIC)

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 Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. In the present case, although the patient experienced relief from an SI joint injection, the guidelines do not support SI joint rhizotomy. Therefore, the request for bilateral sacroiliac joint rhizotomy is not medically necessary.

HOT AND COLD UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold (http://www.aetna.com/cpb/medical/data/200_299/0297.html)

Decision rationale: CA MTUS and ODG do not address this issue. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. Aetna considers passive hot and cold therapy medically necessary. However, mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. The guideline criteria do not support the use of this more costly device. Therefore, the request for hot and cold unit is not medically necessary.