

Case Number:	CM14-0141295		
Date Assigned:	09/10/2014	Date of Injury:	07/28/1993
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopedic surgery 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 claimant is a 55-year-old female with a documented date of injury of July 28, 1993. The medical records provided for review documented a current diagnosis of sacroiliac joint pain on the left. Her progress report of July 15, 2014 indicates she has persistent low back and bilateral radiating leg pain, left greater than right. It states her physical examination shows positive Patrick's testing, trigger point tenderness over the buttock, restricted lumbar range of motion, and sacroiliac joint tenderness. The claimant is noted to have undergone prior left sided sacroiliac joint injections including the last ten months ago with good relief. There is a current request for a sacroiliac joint rhizotomy at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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) hip & pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure - Sacroiliac joint radiofrequency neurotomy Not recommended. Multiple techniques are currently described: (1) a bipolar system

using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks

Decision rationale: Based on Official Disability Guidelines as the California MTUS and ACOEM Guidelines do not provide criteria relevant to this request, sacroiliac joint radiofrequency ablation cannot be supported. The Official Disability Guidelines do not recommend radiofrequency Neurotomy of the sacroiliac joint because there are no long term studies demonstrating efficacy or benefit with the procedure. Without support from the ODG Guidelines, the requested procedure to the claimant's left SI joint would not be supported as necessary. Such as, 1 Left Sacroiliac Joint Rhizotomy is not medically necessary.