

Case Number:	CM14-0145018		
Date Assigned:	09/12/2014	Date of Injury:	06/20/2012
Decision Date:	10/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

This is a 38-year-old female with a 6/20/12 date of injury, when she was kicked on the chest and left upper extremity and was abruptly thrown against the metal fence and sustained injuries to the left shoulder, mid back and low back. The patient underwent bilateral sacroiliac joint injections on 7/21/14. The patient was seen on 8/20/14 with complaints of 4/10 sharp, dull, aching low back pain. Exam findings revealed wide-based gait, heel walk and toe walk performed with difficulty secondary to pain. There was diffuse tenderness with spasm noted over the lumbar paraspinal muscles and moderate tenderness from L4-S1. The sacroiliac tenderness, FABERE test, Yeoman's test, Kemp's test and sacroiliac thrust test were positive bilaterally. The supine and seated straight leg raise tests were positive at 70 degrees. The range of motion of the lumbar spine was decreased and the range of motion in the hip was normal. The sensory examination in the lower extremities was normal with 5/5-muscle strength in the bilateral lower extremities. The diagnosis is left shoulder sprain/strain, cervical subluxation, thoracalgia, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. Treatment to date: work restrictions, physical therapy, medications, acupuncture and chiropractic treatment. An adverse determination was received on 9/4/14. The request for bilateral sacroiliac joint rhizotomy and neurolysis was denied given that the request was not supported by evidence-based medicine as effective treatment option due to significant variability in innervation and the lack of consensus of a reliable way to denervate the joint. The request for interferential unit for home use was certified for 30-day home trial of interferential unit to allow the provider to assess and document measurable pain relief and functional benefit with the trial to be considered for a purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy and neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Integrated / Disability Duration Guidelines Hip & Pelvis (Acute & Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Joint radiofrequency neurotomy

Decision rationale: CA MTUS reference to ACOEM states that radiofrequency lesioning of dorsal root ganglia for chronic sciatica is not recommended. 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. The physical examination performed on 8/20/14 revealed that the patient had sacroiliac tenderness, positive FABERE test, positive Yeoman's test, positive Kemp's test and positive sacroiliac thrust test. The patient underwent bilateral sacroiliac joint injections on 7/21/14 with benefits. The request for sacroiliac joint rhizotomy and neurolysis was made however due to the fact that the innervation of the SI joint remains unclear, the guidelines state that this procedure had been questioned and there was 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. Therefore, the request for Bilateral Sacroiliac Joint Rhizotomy And Neurolysis was not medically necessary.

Interferential unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. The UR request dated 9/4/14 approved the request for interferential unit for home use for 30-day home trial to allow the provider to assess and document measurable pain relief and functional benefit with the trial, to be considered for a purchase. There is a lack of documentation indicating that the patient accomplished 30-day trial of the treatment with the interferential unit. Therefore, the request for Interferential Unit For Home Use was not medically necessary.

