

Case Number:	CM14-0146195		
Date Assigned:	09/15/2014	Date of Injury:	05/16/2013
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 31 year old male with a 5/16/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/22/14 noted subjective complaints of lumbar spine pain. Objective findings included lumbar paraspinal tenderness, facet tenderness over L3-S1 levels, positive right piriformis test, piriformis stress test, sacroiliac tenderness, Faber's test, and sciatic notch tenderness. The patient had right SI joint injection on 6/23/14 which provided 80% relief for 2 weeks and allowed the patient to decreased medication intake. Diagnostic Impression: Lumbar discopathy, lumbar facet syndrome, right SI joint arthropathy Treatment to Date: medication management, joint injection. A UR decision dated 8/19/14 denied the request for one right sacroiliac joint rhizotomy and neurolysis. The guidelines do not support radiofrequency neurotomy since there is controversy over the correct technique for the procedure and the innervation of the sacroiliac joint is not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right 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 Guidelines (ODG) and Work Loss Data Institute 2013 Jun 12, Hip and Pelvis (Acute and 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

Decision rationale: CA MTUS states that radiofrequency lesioning of dorsal root ganglia is not recommended. Furthermore, 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 requested treatment modality is not recommended. Therefore, the request for one right sacroiliac joint rhizotomy and neurolysis was not medically necessary.