Case Number:	CM14-0177941		
Date Assigned:	10/31/2014	**Date of Injury:**	02/09/2012
Decision Date:	12/08/2014	**UR Denial Date:**	10/22/2014
Priority:	Standard	**Application Received:**	10/27/2014

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 injured worker is a 50-year-old male with an original injury on February 9, 2012. The industrially related diagnoses include chronic low back pain, sacroiliac joint dysfunction, lumbar radiculitis, and hip area pain. The patient has had left sacroiliac joint injection on September 19, 2014. The outcome of this injection was an 80 to 90% improvement in pain and a decrease in medications. The disputed request is for a left sacroiliac joint radiofrequency ablation and a hot/cold unit. Both of these items were denied in a utilization review determination. The rationale for the denial of the sacroiliac joint rhizotomy was that the documentation "does not detail a rationale to support the necessity of exceeding the recommendations of the guidelines." The cold unit was rejected in favor of hot/cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Rhizotomy: 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 Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Neither the California Medical Treatment and Utilization Schedule or the ACOEM Guidelines specifically comment on radiofrequency ablation of the sacroiliac joint. The Official Disability Guidelines, in the Hip Chapter, do provide the following commentary regarding SI Joint radiofrequency ablation: "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 (nerve blocks of the L4-5 primary dorsal ramus and S1-S3 lateral branches) (Cohen. 2005); & (4) pulsed radio frequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI Joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS (visual analog scale) score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure.(Hansen, 2007) See also Intra-articular steroid hip injection; & Sacroiliac Joint blocks.Recent research: A small RCT (randomized controlled trial) concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, 3, and 6 months after the procedure, 11 (79%), 9 (64%), and 8 (57%) radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only 2 patients (14%) in the placebo group experienced significant improvement at their 1-month followup, and none experienced benefit 3 months after the procedure. However, one year after treatment, only 2 patients (14%) in the treatment group continued to demonstrate persistent pain relief. Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. (Cohen, 2008)"Regarding the request for radiofrequency ablation of the sacroiliac joint, the California MTUS does not address this issue. The ODG state that this procedure is not recommended. There is limited evidence to support radiofrequency ablation in this body region. The recommendation against sacroiliac joint radiofrequency ablation is in part due to the fact that the innervation of the SI joint remains unclear, there are several negative studies, and there is also controversy over the correct technique for radiofrequency denervation. Furthermore, a diagnostic procedure such as blocks for the dorsal rami or lateral branches of the sacral roots was not conducted beforehand. Given the lack of evidence, this request is not medically necessary.

Hot/Cold Unit for 30 days.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: The ACOEM Practice Guidelines Low Back Chapter, page 299, 300 recommend the following physical therapeutic interventions:"At-home local applications of cold in first few days of acute complaint; thereafter, applications of heator cold." The guidelines further specify that "at-home local applications of heat or cold are as effective as those performed by therapists." There are no specific provisions for cold/heat therapy units in chronic low back pain.Further guidelines are found in the Official Disability Guidelines (ODG), Low Back Chapter, which state the following regarding Cold/Heat Packs: "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007)"Regarding the request for a cold therapy unit, California MTUS and ODG do not have provisions for a therapy unit for low back pain. It is noted that the ODG supports cold therapy units for up to 7 days after surgery for other body regions. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal cold therapy unit rather than the application of simple cold packs at home during the initial postoperative period. In the absence of such documentation, the currently requested cold therapy unit is not medically necessary.