

Case Number:	CM14-0151118		
Date Assigned:	09/19/2014	Date of Injury:	04/18/2013
Decision Date:	01/08/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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:

The patient is a 43-year-old female who has submitted a claim for right sacroiliac joint dysfunction vs. L4-L5 and L5-S1 facet joint pain associated with an industrial injury date of 4/18/2013. Medical records from 2014 were reviewed. The patient complained of low back pain and sacroiliac joint pain rated 8-9/10 in severity and relieved to 4/10 with medications. Tenderness was noted at the right sacroiliac joint. Pelvic compression sign, Fortin's sign and Gaenslen's sign were positive on the right. Achilles reflexes were +1 bilaterally. Motor strength was intact. Straight leg raise test was negative. Gait was normal. Sensation was diminished over the right L3 dermatome. The MRI of the lumbar spine, dated 5/21/2013, showed moderate facet arthropathy at L4-L5 without significant nerve compression. Treatment to date has included right-sided sacroiliac joint injection on 7/25/2014 resulting in 60% pain improvement, physical therapy and medications. The patient has been approved to undergo medial branch blocks from L5-S1 on 9/26/2014. The utilization review from 9/3/2014 denied the request for right-sided SI joint radiofrequency ablation because the proposed intervention is not broadly accepted as the prevailing standard of care for management of sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided S1 joint radio frequency ablation: 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 (Acute & Chronic) procedure summary: Sacroiliac joint radiofrequency

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 Section, Sacroiliac Joint Radiofrequency Neurotomy

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines was used instead. ODG states that sacroiliac (SI) joint radiofrequency neurotomy is not recommended. The procedure 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. In this case, the patient complained of low back pain and sacroiliac joint pain rated 8-9/10 in severity and relieved to 4/10 with medications. Tenderness was noted at the right sacroiliac joint. Pelvic compression sign, Fortin's sign and Gaenslen's sign were positive on the right. Achilles reflexes were +1 bilaterally. Motor strength was intact. Straight leg raise test was negative. Gait was normal. Clinical manifestations were consistent with right sacroiliac joint dysfunction. The patient underwent right-sided sacroiliac joint injection on 7/25/2014 resulting to 60% pain improvement. Other conservative measures included physical therapy and medications. However, the guideline clearly does not recommend the procedure due to limited published studies concerning its efficacy. There is no discussion concerning need for variance from the guidelines. The medical necessity cannot be established due to insufficient information. Therefore, the request for right-sided SI joint radiofrequency ablation is not medically necessary.