MAXIMUS Federal Services

Case Number:	CM14-0212862		
Date Assigned:	12/30/2014	Date of Injury:	12/21/2002
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 12/21/2002. Per follow up report of a secondary physician pain management and appeal to utilization review dated 10/30/2014, the injured worker complains of chronic pain in his lumbar spine with radiation of pain through the left lower extremity. He is status post radiofrequency ablation of the left SI joint. It increased his range of motion and functional capacity significantly. He also stated that lumbar epidural injections were increasing his range of motion. Diabetes is not well controlled after the steroid injection, so additional radiofrequency ablation is desired. On examination there is spasm and tenderness over paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. There is decreased sensation in L4, L5 and S1 dermatomal distributions bilaterally, mainly on the left side. He ambulates with an antalgic gait due to pain in his left lower extremity. He is using a one-pointed cane for balance. Tenderness over the left SI joint is noted. Positive straight leg rest is noted above 70-80 degrees. FABER test is positive on the left side. Diagnoses include 1) lumbosacral radiculopathy 2) lumbar sprain/strain 3) sacroiliitis.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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), Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy section.

Decision rationale: The MTUS Guidelines do not address the use of sacroiliac joint radiofrequency neurotomy. The ODG does not recommend the use of sacroiliac joint radiofrequency neurotomy. 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. The requesting physician explains that the previous rhizotomy was done several years ago. It had increased his range of motion and functional capacity significantly for a prolonged period of time. He is unable to undergo lumbar epidural injections due to elevated glucose level after the procedure. The request for left sacroiliac joint rhizotomy is determined to not be medically necessary.