

Case Number:	CM14-0215094		
Date Assigned:	01/02/2015	Date of Injury:	12/07/2009
Decision Date:	02/25/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The patient is a 51 year old man who sustained a work-related injury on December 7 2009 for he was treated with lumbar surgery and pain medications. Subsequently, the patient developed a chronic back pain. Electrodiagnostic testing performed on 2011 demonstrated no evidence of radiculopathy. An MRI of the lumbar spine performed on January 9 2013 showed lumbar spondylosis. According to a progress report dated on July 10 2014 and August 19 2014, the patient was complaining of low back pain radiating to both lower extremities. The patient physical examination demonstrated lower extremities weakness . The patient was diagnosed with failed back surgery. The provider requested authorization for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for Right SI Joint Injection: 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)

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 (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy

(<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjointradiofrequencyneurotomy>)

Decision rationale: MTUS guidelines are silent regarding sacroiliac denervation. According to ODG guidelines, "Sacroiliac joint radiofrequency neurotomy... [is] 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 rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency 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". There is no documentation of benefit from a previous sacroiliac joint injections and block. There no objective quantification of the effect of pain medications used to treat the patient condition. There is no clear evidence that the SI joint is the main pain generator. Therefore, the request for pain management for right SI joint injection is not medically necessary.