

Case Number:	CM14-0215464		
Date Assigned:	01/02/2015	Date of Injury:	11/17/1995
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
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: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

Claimant with reported industrial injury of November 17, 1995. Exam note November 17, 2014 demonstrates pain on the right side of the lower back. The patient is status post a recent sacroiliac injection. The injection provided approximately 90% resolution of the symptoms for 10 days. Examination demonstrates focal tenderness at the right sacroiliac joint in the right sciatic notch. The patient was noted to have a positive Faber test as well as pelvic compression test. It is noted the patient has underwent a prior L4-S1 fusion. MRI dated June 5, 2014 demonstrates a prior laminectomy and fusion L4-S1 with mild bilateral lateral recess stenosis at L4-5 and mild narrowing of the inferior recess of bilateral foramina.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac Rhizotomy Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Radiofrequency Ablation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy

Decision rationale: CA MTUS/ACOEM is silent on the issue of rhizotomy. ODG Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy states that it is not recommended. It states "Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder." As the guidelines do not recommend the procedure, the determination is for non-certification.