

Case Number:	CM15-0018951		
Date Assigned:	02/06/2015	Date of Injury:	09/04/2012
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year-old male who reported an injury on 09/04/2012. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with cervical disc degeneration, cervical facet arthropathy, lumbar facet arthropathy, status post left rib fracture, hypertension, status post ORIF of the right ankle, right ankle degenerative joint disease, status post left shoulder arthroscopy, and left elbow degenerative joint disease. The injured worker presented on 01/20/2015 for a followup evaluation with complaints of low back pain radiating into the right hip. The injured worker was utilizing Anaprox DS 550 mg and Norco 10/325 mg. Upon examination, there was decreased sensation over the L4-S1 dermatomes on the left, as well as the right S1 dermatome. There was palpable tenderness over the right SI joint with 4/5 weakness in the right lower extremity. SI joint provocative testing included positive thigh thrust, positive compression sign, and positive Fortin sign. Recommendations at that time included a sacroiliac joint radiofrequency ablation. A Request for Authorization form was then submitted on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Procedural Consultation with Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particularly cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of an exhaustion of conservative treatment prior to the request for a pain management consultation. As the injured worker's requested procedure has not been authorized, the associated preprocedural consultation is not medically necessary.

SI Joint Radiofrequency Ablation, Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy. Larger studies are needed to confirm results and determine the optimal candidates and treatment parameters. While it is noted that the injured worker has positive provocative testing and SI joint pain, the Official Disability Guidelines do not recommend the requested procedure. As such, the request is not medically appropriate.