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| Case Number: | CM15-0019209 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 07/30/2013 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/13/2015 |
| 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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42-year-old male, who sustained an industrial injury on 7/30/13. He has reported back pain after getting struck in the back by a door while mopping. The diagnoses have included lumbar sprain/strain, left sacroiliac joint arthropathy, and intractable low back pain. Treatment to date has included medications, diagnostics, sacroiliac joint injection, and chiropractic sessions. The 2014 MRI of the lumbar spine showed L5-S1 facet arthropathy and mild neural foramina stenosis. Currently, the injured worker complains of continued left side low back pain which he states has improved 20-30 percent with medications and chiropractic physical therapy 6 sessions. Physical exam of the lumbar spine revealed decreased range of motion with low back pain with forward flexion, extension and lateral bending. There was tenderness over the left L5-S1 facet joint, lumbar paraspinal muscles and left sciatic notch. The nerve root tension tests were negative bilaterally. The left SI joint provocative tests were reported to be positive. The medications listed are Diclofenac, Flexeril and Zantac. The injured worker had a left sacroiliac joint steroid injection on 11/17/14 with 80% relief of pain but the effects are now wearing off. The work status was return to work on 1/6/14 with restrictions from lifting or carrying in excess of 25 pounds. On 1/13/15 Utilization Review non-certified a request for Left sacroiliac joint rhizotomy and Post-surgical hot/cold unit, noting that regarding the Left sacroiliac joint rhizotomy the medical necessity cannot be established for the performance of the Left sacroiliac joint rhizotomy procedure based on the clinical guidelines and clinical data submitted. Regarding the Post-surgical hot/cold unit, the physician noted that the medical necessity of the procedure was not established and therefore the medical necessity of Post-

surgical hot/cold unit cannot be established at this time. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

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 American Society of Interventional Pain Physicians Guidelines, as well as the American Academy of Pain Medicine Meeting Presentation #136

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hips and Pelvis chapter, Sacroiliac Joint

Decision rationale: The CA MTUS did not address the use of steroid injections in the treatment of SI joint pain. The ODG guidelines recommend that SI joint steroid injection can be utilized when conservative treatments with medications and PT have failed. The guidelines recommend that the SI joint steroid injection can be repeated if there is documentation of greater than 80% of pain relief of at least 8 weeks duration following a prior SI joint injection. There is documentation of 4 weeks of significant pain relief following the first SI joint injection. The guidelines did not recommend proceeding to SI joint rhizotomy that is currently regarded as experimental. The subjective, objective and radiological findings is consistent with left facet arthropathy. The records indicate that lumbar facet injection procedure is also being planned. The criteria for left sacroiliac joint rhizotomy was not met.

Post-surgical hot/cold unit: 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) Ice /Cold Therapy

Decision rationale: The CA MTUS did not address the use of Hot / Ice unit in the post surgical setting. The ODG guidelines recommend that HO/Ice unit can be utilized for less than 7 days during the post surgical period. The use of Hot/Ice therapy can result in reduction in pain and swelling and functional restoration. The records did not support the request for left SI joint rhizotomy. Therefore the request for post left SI joint rhizotomy Hot/Ice therapy was not applicable. There is lack of guidelines support for 30 days post surgery use of Hot/Ice unit. The criteria for Post-surgical 30 days use of Hot/Ice unit was not met.

