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| Case Number: | CM15-0110064 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 01/19/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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, Indiana, Oregon
 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:

The injured worker is a 35 year old female who reported an industrial injury on 1/19/2014. Her diagnoses, and/or impressions, are noted to include: cervical and bilateral shoulder sprain/strain; thoracic or lumbar radiculitis; lumbosacral joint ligament sprain; lumbosacral sprain/strain with radiation both lower extremities; probable bilateral sacroiliitis and myofascial pain syndrome; sprain of carpal joint in wrist; and headaches with sleep disturbances. No current imaging studies are noted. Her treatments have included sacroiliac injections: 100% effective for 3 days; medication management; and rest from work. The progress notes of 4/20/2015 noted a follow-up visit with review of the agreed medical examination report recommending "the injections for her lower back", following a 100% effective sacroiliac injection, on 1/29/2015, which resolved her symptoms for only 3 days; and the complaint of ongoing headaches. Objective findings were noted to include pain at extreme, and bilateral tenderness at the inter-scapular, with functional range-of-motion of the cervical spine; and right-sided sacroiliac tenderness with positive Faber's and "Gaenslen's" tests at the lumbar spine. The physician's requests for treatments were noted to include a right-side sacroiliac rhizotomy for continued suffering from right-sided sacroiliitis, following effective but short-lived sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac rhizotomy right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac Joint Radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis.

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 not medically necessary.