

Case Number:	CM15-0110211		
Date Assigned:	06/12/2015	Date of Injury:	09/10/2011
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 09/10/2011. He has reported subsequent bilateral ankle, low back and bilateral hip pain and was diagnosed with bilateral ankle sprain/strain, lumbar discopathy, chronic pain and bilateral sacroiliac joint arthropathy. Treatment to date has included medication, physiotherapy, chiropractic manipulation, rest and home exercise program. In a progress note dated 04/24/2015, the injured worker complained of bilateral ankle and lumbar spine pain. Objective findings were notable for a wide based gait, difficulty with heel to toe walk secondary to bilateral foot pain, diffuse tenderness to palpation over the lumbar paraspinal muscles with spasm and guarding, mild facet tenderness, positive Kemp's test on the right side and positive bilateral sacroiliac tenderness, Fabere's/Patrick's, sacroiliac thrust test and Yeoman's test. The injured worker reported that medications were helping with the pain but that the pain level, which had initially decreased after sacroiliac joint injection had returned to the same level as before. The injured worker was noted to have gained about 100 pounds since the work related injury and had been exercising 30 minutes per day on a treadmill. A request for authorization of bilateral sacroiliac joint rhizotomy neurolysis and 10 weeks of [REDACTED] weight loss program was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint Rhizotomy Neurolysis: 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), Hip & Pelvis, Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. Therefore, the request is not certified based on ACOEM guidelines and failure of the provided documentation for review to meet criteria.

10 weeks [REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0039.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, obesity.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure 2. lower elevated levels of total cholesterol, LDL and triglycerides 3. lower elevated levels of blood glucose levels 4. use BMI to estimate relative risk of disease 5. follow BMI during weight loss 6. measurement of waist circumference 7. initial goal should be to reduce body weight by 10% 8. weight loss should be 1-2 pounds per week for an initial period of 6 months 9. low calorie diet with reduction of fats is recommended 10. an individual diet that is helped to create a deficit of 500-1000 kcal/day should be used 11. physical activity should be part of any weight loss program 12. behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there is no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not certified.