

Case Number:	CM15-0117636		
Date Assigned:	06/25/2015	Date of Injury:	08/16/2002
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57-year-old male, who sustained an industrial injury on August 16, 2002, incurring low back, shoulder and knee injuries after a lifting injury. He was diagnosed with right sacroiliac joint facet pain, lumbar stenosis, lumbar sprain, rotator cuff tendinitis with shoulder impingement, and right knee internal derangement. He underwent shoulder surgery. Treatment included nerve blocks, pain medications, sleep aides, anti-inflammatory drugs, physical therapy, and work restrictions and modifications. All conservative therapy failed to relieve the injured worker's pain. Currently, the injured worker complained of persistent low back pain radiating into the bilateral buttocks with limited range of motion in bending, twisting and lifting. The treatment plan that was requested for authorization included sacroiliac joint cooled radiofrequency nerve ablation (Neurotomy/Rhizotomy) with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint cooled radiofrequency nerve ablation (Neurotomy/Rhizotomy) with fluoroscopic guidance (right): 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 and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy There is no documentation that the facet pain is the main pain generator. No more than 2 joint levels are to be performed at one time according to ODG guidelines. The patient was previously treated with epidural injections and diagnosis of lumbosacral radiculopathy is not fully excluded. Therefore the request for Sacroiliac joint cooled radiofrequency nerve ablation (Neurotomy/Rhizotomy) with fluoroscopic guidance (right) is not medically necessary.