

Case Number:	CM15-0129977		
Date Assigned:	07/16/2015	Date of Injury:	09/16/2013
Decision Date:	08/12/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male who sustained an industrial injury on 9/16/13 in a twisting accident involving his left torso. He had low back pain radiating to the right lower extremity. He had mid back, low back, right leg and right knee pain. His pain level was 7/10. Physical exam revealed restricted range of motion of the of the lumbar spine; limited range of motion of the right knee with pain, swelling and tenderness in the medial aspect; pain in the mid thoracic region with limited range of motion due to significant pain; positive Faber sign on the right side with tenderness in the sacroiliac joint and positive pelvic rock test. Medications were Percocet; trazadone; lorazepam; Soma, Ambien. Diagnoses include chronic thoracic pain, status post work-related injury (9/16/13); chronic radiating right buttock and leg pain; pre-existing, non-industrial back injury which was nearly fully resolved prior to work-related injury; low back pain and right sciatica; right sacroiliitis; lumbar degenerative facet arthrosis. Treatments to date include aquatic therapy with benefit; sacroiliac joint injection with 50% relief for about two months (3/26/15, 6/8/15). Diagnostics include lumbar MRI (2/29/15) showing trace anterolisthesis. On 6/25/15 the treating provider requested radiofrequency ablation of the sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation right SI joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for chronic thoracic and low back pain and radiating right buttock pain. A two sacroiliac joint injections provided 40-50% pain relief. The procedure reports were reviewed. In March 2015, the injection was done with fluoroscopy with use of contrast and 1.25 ml was injected. In June 2015, the injection was done with ultrasound with 5ml injected in total. Intra-articular flow of the injectate was not confirmed. When seen, there was pain over the right sacroiliac joint and Fabere testing was positive. Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described. Further studies are needed to determine the potential candidates and treatment parameters for this disorder. In this case, the second injection does not confirm sacroiliac joint needle placement and a high volume injection was performed. Diagnostic medial branch / dorsal ramus blocks were not performed. The request is not medically necessary.