

Case Number:	CM15-0135405		
Date Assigned:	07/23/2015	Date of Injury:	08/01/2007
Decision Date:	11/30/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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, Oregon, Washington
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 52 year old female who sustained an industrial injury 08-01-07. A review of the medical records reveals the injured worker is undergoing treatment for postoperative complex regional pain, lumbar spine intervertebral disc disease, right sacroiliitis, status post right sacroiliac joint rhizotomy 10-14, restless leg syndrome, sleep disturbance, and rule out right hip internal derangement. Medical records (05-05-15) reveal the injured worker complains of "increasing" right hip and buttock pain, which is described as "persistent function-limiting." She is reported to have had a "previous response" to a sacroiliac joint rhizotomy. The physical exam (05-05-15) reveals a cold and sensitive right foot with intermittent swelling and discoloration. She has tenderness in the right sacroiliac joint and right groin. She also has persistent right ankle tenderness, hyperalgesia and allodynia over the site of the ganglion cyst excision. The ankle has limited range of motion and weakness. Prior treatment includes bilateral carpal tunnel releases, a right S1-S3 radiofrequency rhizotomy, wrist splints, a knee sleeve physical therapy, and medications including non-steroidal anti-inflammatories, flexeril, gabapentin, lidocaine patches, and Mirapex. The original utilization review (06-019-15) non-certified the request for a repeat right sacroiliac joint rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right sacroiliac joint rhizotomy as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy.

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 request is not medically necessary.