

Case Number:	CM15-0173206		
Date Assigned:	09/15/2015	Date of Injury:	06/13/2014
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/02/2015

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 65 year old female with an industrial injury dated 06-13-2014. Medical records indicate she is being treated for lumbar disc disease, lumbar facet syndrome, bilateral sacroiliac joint sprain-strain and diabetes. She presented on 05-26-2015 with lumbar spine pain rated as 0-1 out of 10 "since the procedure but a week ago she felt it increase up to 8 out of 10." Documentation notes she had bilateral sacroiliac joint injections on 04-20-2015 "which helped by 95%." She presents on 07-21-2015 with complaints of lumbar spine pain rated as 7.5 out of 10. The pain is described as a constant ache across without radiation to the legs. She stated the pain had increased. Physical exam noted a wide based gait. "Heel-toe-walk was performed with difficulty bilaterally secondary to low back pain." Documentation notes there is "diffuse tenderness" upon palpation noted over the lumbar paravertebral musculature. "Moderate tenderness" was noted upon palpation over the lumbar facet joints at the lumbar 4-sacral 1 level. The following tests are documented as positive: Piriformis tenderness (right), sacroiliac tenderness, Fabere's-Patrick, sacroiliac thrust test, Yeoman's test and Kemp's test were documented as positive on right and left. Prior treatment included bilateral sacroiliac injections and aquatic therapy. The provider documents she has failed conservative treatment in the form of physical therapy, chiropractic manipulative therapy, medication, rest and a home exercise program. The treatment request is for bilateral sacroiliac joint rhizotomy and neurolysis (right sacroiliac joint rhizotomy and neurolysis and left sacroiliac joint rhizotomy and neurolysis.) On 08-12-2015 the request for bilateral sacroiliac joint rhizotomy and neurolysis (right sacroiliac

joint rhizotomy and neurolysis and left sacroiliac joint rhizotomy and neurolysis) was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy and neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic) Diagnostic blocks, 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) Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for bilateral low back pain with constant aching and without radiating leg symptoms. Bilateral sacroiliac joint injections were done on 04/20/15 with reported 95% decreased pain after the procedure. General anesthesia was utilized. An x-ray of the sacroiliac joints in January 2015 included findings consistent with mild sacroiliitis. When seen, there was diffuse lumbar tenderness and moderate lumbar facet tenderness. There was right piriformis tenderness. Sacroiliac joint testing was positive bilaterally and there was bilateral sacroiliac joint tenderness. Kemp's and Farfan testing was positive bilaterally and there was low back pain with straight leg raising. Authorization for bilateral sacroiliac joint radiofrequency ablation is being requested. 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. Additionally, in this case, the sacroiliac joint injections were done under general anesthesia and the use of intravenous sedation including agents may be considered as negating the results of a diagnostic block. The procedure report including medications that were injected and duration of pain relief are not adequately documented. The request is not medically necessary.