

Case Number:	CM15-0175299		
Date Assigned:	09/16/2015	Date of Injury:	11/16/2011
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California

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 59 year old female who sustained an industrial injury November 16, 2011. Past history included left shoulder surgery, 2006 and 2010, status post ACDF (anterior cervical discectomy and fusion) June 2013, joint rhizotomy September 2012, and depression. Past treatments included medication, physical therapy, acupuncture, cervical epidural steroid injections, and PRP (platelet rich plasma) injection left shoulder. Diagnoses are left sacroiliitis; low back pain; lumbar degenerative disc disease; lumbar spinal stenosis; myofascial pain syndrome; left greater trochanter bursitis; possible left L2 radiculitis; possible right L5-S1 facet joint arthropathy. According to a physician's pain management progress report, dated June 29, 2015, the injured worker presented with a flare-up of left sided back pain. This has decreased her ability to walk from 2 hours to 5-10 minutes and sitting from an hour to 10 minutes, adjusting her weight to her right buttock. She restarted Dilaudid 4mg twice a day and increased her Robaxin (unspecified). She is more than one year status post left sacroiliac joint neurolysis via radiofrequency (May 6, 2014) which significantly improved her pain levels by 50-60% of her left sided low back pain. She complains of pain and discomfort in the low back and left hip. Other current medication included Zoloft, Neurontin, and ibuprofen. Objective findings included; mild antalgic gait without assistive device; able to heel toe and tandem walk; lumbar spine-moderate tenderness on the right L5-S1 facet joint and left posterior superior iliac spine and left sacroiliac joints; palpable muscle spasm bilateral lumbar paraspinal muscles, right greater than left; limited and painful range of motion; very tender to palpation left sacroiliac joint and left sciatic notch; decreased sensation to pinprick along the left L2 and L3 dermatomes.

At issue, is a request for authorization dated July 28, 2015, for a left sacroiliac joint neurolysis via radiofrequency, fluoroscopy. According to utilization review dated August 4, 2015, the request for Left Sacroiliac Joint (neurolysis) via Radiofrequency, Fluoroscopy is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Radiofrequency Fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) (2015), Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 40.

Decision rationale: In this case, the claimant has chronic back pain with facet joint tenderness. The claimant does not have radicular symptoms nor any fusion. Prior neurolysis resulted in significant clinical improvement. Although there is decreased sensation in the L2-L3 dermatomes, the requested procedures are at the SI level. As a result, the request for the SI neurolysis is medically necessary.