

Case Number:	CM15-0176293		
Date Assigned:	09/17/2015	Date of Injury:	03/12/2015
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old male who sustained an industrial injury on 3-12-15. He had complaints of left knee, back, neck and leg pain. Treatments include: medication and physical therapy. Progress report dated 7-17-15 reports continued complaints of back pain rated 9 out of 10 and right leg pain with numbness rated 8 out of 10. He also has complaints of neck pain rated 7 out of 10 and left knee pain. Current treatment of physical therapy has provided no progress for low back and minor improvement for his knee. Pain medication provides moderate relief, and he need a cane to walk. X-ray of knee was normal and MRI of lumbar spine was not available. Diagnoses include: right sacroiliac joint dysfunction, low back pain, left knee derangement, and neck pain. Plan of care includes: order MRI of left knee before seeing specialist, will need lumbar x-rays with standing, flexion, extension, lateral bending, oblique, and recumbent lateral views to asses alignment and stability and look for pars interarticularis defects, order diagnostic injection under radio-graphic control of the right sacroiliac joint. Work status: temporary total disability until 11-1-15, subject to change depending on response to treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy: 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 & Pelvis, Sacroiliac radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy; Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Radiofrequency neurotomy, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. California MTUS does not address the issue in regards to the sacroiliac joint. ODG states that the procedure is not recommended. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear, and there is also controversy over the correct technique for radiofrequency denervation. They also note that a recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. Within the documentation available for review, the requesting physician is asking to do a diagnostic injection under radio-graphic control of the right sacroiliac joint. No medial branch blocks with documentation of reduction in pain is stated. And, there is no documentation of functional improvement as a result of those medial branch blocks. Furthermore, there is no indication as to how the blocks were done, and whether sedative medication or opiate pain medication was provided during the injections. Finally, it is unclear if the requesting physician wants to do a radiofrequency neurotomy to the Sacroiliac joint or lumbar facet joint or both. In light of the above issues, the currently requested Radiofrequency neurotomy is not medically necessary.