

Case Number:	CM15-0177201		
Date Assigned:	09/28/2015	Date of Injury:	03/13/1997
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old male who sustained an industrial injury March 13, 1997. Past history included bilateral total hip replacements, status post 3 lumbar surgeries and status post lumbar fusion, removal of hardware, hypertension and diabetes. According to a treating physician's notes dated August 18, 2015, the injured worker presented with complaints of low back pain and bilateral buttock and bilateral lateral thigh pain. He rated the current pain 8 out of 10, the worse pain 10 out of 10, and the lowest rating of pain 7 out of 10. He reported undergoing bilateral sacroiliac joint injections on July 21, 2015 (past injection noted February 17, 2015) with a 95% improvement of left hip pain, described as almost gone and a 95% improvement of right sacroiliac pain, described as almost gone but the pain is now back. He rated his hip and sacroiliac pain, 6-7 out of 10. Current limitations included inability to stand, walk or perform prolonged activities due to an increase in pain and discomfort. Current medication included Norco, Lidoderm patch, Oxycontin, Tizanidine, and Cyclobenzaprine. Physical examination included; gait normal; tenderness to palpation upper right trapezius, bilateral lumbar paraspinal muscles(moderate); range of motion limited; right and left Slump test positive, bilateral Babinski negative and bilateral clonus negative; mild to moderate tenderness over the sacroiliac joint on the right. Diagnoses are chronic pain syndrome; sacroiliac pain; lumbar radiculitis; failed back syndrome. Treatment plan included restarting Lidocaine 5% as needed to current medications, continue icing and instructed on hot-cold therapy and continue TENS (transcutaneous electrical nerve stimulation) unit. At issue, is a request for authorization dated August 20, 2015, for radiofrequency ablation, right sacroiliac joint. According to utilization review dated August 27, 2015, the request for Radiofrequency Ablation right sacroiliac joint is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency ablation right sacroiliac joint qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/17/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: Review indicates the patient is s/p lumbar fusion and multiple epidural injections, latest on 7/21/15 and previously on 2/17/15 with noted 95% improvement. Per Guidelines, radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating low back pain, radicular findings, and MRI findings without clear facet arthropathy s/p previous epidural injections. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from any blocks for this chronic injury. The Radio frequency ablation right sacroiliac joint qty: 1.00 is not medically necessary and appropriate.