

Case Number:	CM15-0042506		
Date Assigned:	03/12/2015	Date of Injury:	03/28/2009
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 58-year-old female, who sustained an industrial injury on 03/28/2009. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, and interferential unit. Currently, the injured worker complains of low back pain rate 9/10 in severity. Current diagnoses include lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac joint arthropathy. The treatment plan includes a right sacroiliac Rhizotomy, continued medications and home interferential unit use, home exercise, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip/ Pelvis chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Per the sole medical report provided dated 01/27/15, the patient presents with low back pain rated 9/10. The current request is for RIGHT SACROILIAC JOINT RHIZOTOMY per the 01/27/15 RFA and report. The patient was able to work s/p SI joint injection. ODG, Sacroiliac joint radiofrequency neurotomy states, "Not recommended." Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. The treating physician states that the patient received an SI injection on the right on 05/19/14 and received greater than 80% relief for the first 3 days and was able to engage in ADL's with only slight discomfort and was able to decrease medication. She has failed conservative treatment. In this case; however, this treatment is not recommended by guidelines. Therefore, it IS NOT medically necessary.