MAXIMUS Federal Services

Case Number:	CM15-0069056		
Date Assigned:	04/16/2015	Date of Injury:	04/03/2006
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on 4/3/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc displacement, lumbar stenosis, lumbosacral neuritis, lumbosacral sprain, lumbosacral disc degeneration, thoracic/lumbar disc displacement and sacrum disorder. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injections. In a progress note dated 2/5/2015, the injured worker reported improvement with the steroid injection but had continued bilateral low back pain and tenderness in the sacroiliac region. The treating physician is requesting Zipsor and sacroiliac rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy/neurotomy-Fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hip and Pelvis Page(s): Facet Neurotomy.

Decision rationale: Rhizotomy/neurotomy-Fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation is not medically necessary. According to the Official Disability Guide sacroiliac joint radiofrequency neurotomy did not provide long-term relief to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections. There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. The use of all of these techniques has been questioned in part due to the fact that the innervation of the sacroiliac joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. Given the low consensus on Sacroiliac joint ablation and the lack of quantifiable results the claimant received from the diagnostic sacroiliac joint injections, the requested procedure is not medically necessary.

Zipsor 25mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Zipsor 25 mg #60 with 2 refills is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.