

Case Number:	CM15-0077433		
Date Assigned:	04/29/2015	Date of Injury:	02/08/2007
Decision Date:	07/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53-year-old male who sustained an industrial injury on 2/08/07. Injury occurred when the base of the chair he was sitting in broke and he fell backwards, landing on his back on a concrete floor. Past surgical history was positive for bilateral carpal tunnel releases, and C5-7 cervical fusion on 3/18/09 with a revision on 3/11/13. The 10/17/14 bilateral lower extremity electro diagnostic study evidenced mild right L5 radiculopathy. The 3/31/15 lumbar spine MRI impression documented early disc desiccation at L1/2 with mild left lateral recess narrowing, disc desiccation at L2/3 with significant left lateral recess narrowing, and significant bilateral lateral recess narrowing at L3/4. At L4/5, there was disc desiccation with 3 mm central disc protrusion with ventral narrowing of the thecal sac and significant lateral recess narrowing bilaterally. At L5/S1, there was a 1 mm central disc protrusion with ventral narrowing of the thecal sac. The 2/27/15 treating physician report cited indicated that the injured worker underwent bilateral sacroiliac (SI) joint injections on 2/9/15 with decreased lumbar spine pain but increased thoracic spine pain. He reported that pain had moved to the coccyx and still radiated to the sides and both legs to the feet. He felt better lying down and had a burning sensation in the lumbar spine. He had been taking Norco, Motrin, Protonix and Fioricet. Physical exam documented antalgic left gait, ambulation with a cane, diffuse lumbar paraspinal tenderness, spasms, and guarding, and severe facet tenderness L4 through S1 with spasms and guarding. Sacroiliac provocative tests were reported positive bilaterally. Kemp's test was positive bilaterally and straight leg raise produced left low back pain. There was limited lumbar range of motion, intact lower extremity sensation, and 4/5 bilateral L5 myotomal weakness. The diagnosis included lumbar disc disease, radiculopathy, facet syndrome, and right SI joint arthropathy. The injured worker reported 80% relief for 2 days following the SI joint injection with continued 50% relief. Authorization was requested for bilateral sacroiliac joint rhizotomy.

The 3/25/15 utilization review non-certified the request for bilateral sacroiliac joint rhizotomy as the injured worker appears to have multilevel pain generators with both axial and radicular symptomatology and the lack of guidelines support for radiofrequency/rhizotomy to the SI joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter - subsection under SI joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for sacroiliac joint radiofrequency rhizotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, because the innervation of the sacroiliac joint remains unclear. Guidelines state that larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. Guideline criteria have not been met. This injured worker presents with low back pain radiating into both legs to the feet. Clinical exam findings documented positive provocative sacroiliac testing and were consistent with L5 radiculopathy. Bilateral SI joint injections reportedly provided significant benefit. However, there is no guidelines support for the use of SI joint rhizotomy and no compelling rationale submitted to support an exception to guidelines. Therefore, this request is not medically necessary.