MAXIMUS Federal Services

Case Number:	CM14-0143149		
Date Assigned:	09/10/2014	Date of Injury:	01/31/2007
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 01/31/2007 due to an unspecified mechanism of injury. The injured worker complained of right lower back pain with numbness to the left thigh. The injured worker had diagnoses of lower back pain, lumbar postlaminectomy syndrome, disorder of the trunk, disorder of back, and sacroiliac joint inflamed. Past treatments included medication and injections. Objective findings dated 06/16/2014 revealed no tenderness to palpation of the spinous process, the sacrum, sacral promontory, or coccyx. Tenderness to the transverse process at L4, bony palpation of the right hip, no tenderness to the iliac crest. Motor strength to L1 on the right hip flexion iliopsoas was 5/5, L1 motor strength on the left hip fracture iliopsoas was 5/5, L2-4 motor strength on the right knee extension quadriceps was 5/5, and the L2-4 motor strength on the left knee extension quadriceps of 5/5. Sensation to the right T4 normal, L1-5 normal, S1-2 normal, and normal distal extremities. The functional nerve traction test was negative, Patrick's/fabere test was negative, the supine straight leg testing was negative, seated straight leg raising was negative, and no clonus of the ankle/knee. The medications included Norco and Celebrex. The treatment plan included radiofrequency neurotomy to the sacroiliac region. The Request for Authorization dated 06/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy (sacroiliac): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary last updated 03/25/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for Radiofrequency neurotomy (sacroiliac) is not medically necessary. The California MTUS/ACOEM indicate that invasive techniques, such as a facet joint injections, are of questionable merit, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for patients presenting in transitional phase between acute and chronic pain. The included medical documents lacked evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. The guidelines note that facet injections may aid in the transitional phase from acute to chronic pain; however, the injured worker is already in the chronic stage of his injury. As such, the request is not medically necessary.