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| Case Number: | CM14-0154078 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 07/26/2008 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 50-year-old male who reported an injury during physical defense training exercises on 07/26/2008. On 07/22/2014, his diagnoses included status post lumbar fusion on 07/19/2013, history of anterior cervical fusion in 11/2012, multilevel lumbar degenerative disc disease, lumbar facet arthropathy at L1-S1, sacroiliac joint arthropathy, cervical facet arthropathy C2-7, and cervical disc disease C5-6 and C6-7. It was noted that this worker had recently undergone a sacroiliac joint block bilaterally with 2 full hours of relief and partial relief which lasted for 2 days. There was no rationale included in this worker's chart. A Request For Authorization dated 08/20/2013 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Denervation of the Left Sacroiliac Joint: 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 & Pelvic (Acute & Chronic): Sacroiliac 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) Low Back, Facet joint radiofrequency neurotomy

Decision rationale: The request for denervation of the left sacroiliac joint is not medically necessary. The Official Disability Guidelines note that interventional strategies, such as prolotherapy, botulinum toxin injections, radiofrequency denervation and intradiscal electrothermal therapy are not supported by convincing, consistent evidence of benefit from randomized control trials. The guidelines do not support this intervention. Therefore, the request for denervation of the left sacroiliac joint is not medically necessary.