

<b>Case Number:</b>	CM13-0015713		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Orthopaedic Surgery and is licensed to practice in California. 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 female injured in July, 2008. The mechanism of injury is not specified. It is noted that a fluoroscopically guided radiofrequency nerve ablation was not recommended in the preauthorization process. The progress notes reflect that diagnostic studies were attempted but could not be completed secondary to patient intolerance. Treatment included multiple medications as well as sacroiliac joint injections. However the medial branch block was not recommended. Follow-up progress notes indicate the pain level remains unchanged. The physical examination notes this 5'5", 155 pound individual to be normotensive. A decrease in lumbar spine range of motion is noted. Straight leg raising is limited. The clinical assessment has been changed to indicate lumbar facet syndrome and lumbar spondylosis. A course of physical therapy was completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SACROILIAC JOINT RADIOFREQUENCY NERVE ABLATION, BILATERAL QTY:1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298-301.

**Decision rationale:** A review of the clinical information indicates that such a radiofrequency ablation of the cervical spine is not supported. Furthermore, when noting the original mechanism of injury, the injury sustained and the physical examination, this appears to be more a disc lesion and a facet joint health. Therefore, there is insufficient clinical data presented to support this request based on American College of Occupational and Environmental Medicine (ACOEM). This is not medically necessary.

**FLUOROSCOPICALLY GUIDED - NEEDLE LOCATION QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**IV INFUSION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.