

<b>Case Number:</b>	CM13-0063930		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine & Rehabilitation 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 51-year-old male who reported an injury on 07/20/2010. The mechanism of injury was not stated. Current diagnoses include positive diagnostic sacroiliac joint injection, right sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, right paracentral disc protrusion at L4-5, central disc bulge at L2-4, lumbar degenerative disc disease, and lumbar sprain/strain. The injured worker was evaluated on 11/12/2013. The injured worker reported bilateral lower back pain. Physical examination revealed tenderness to palpation of bilateral lumbar paraspinal muscles, tenderness upon the right sacroiliac joint sulcus, restricted lumbar range of motion, positive Patrick's and Gaenslen's testing on the right, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included an appeal request for a fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation and a lumbar LSO back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLUOROSCOPICALLY - GUIDED RIGHT SACROILLIAC 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 ODG, Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Radiofrequency Neurotomy.

**Decision rationale:** The Official Disability Guidelines state sacroiliac joint radiofrequency neurotomy is not recommended. Larger studies are needed to confirm the results and determine the optimal candidates and treatment parameters for this disorder. Therefore, the current request cannot be determined as medically necessary and appropriate.

**LUMBAR LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

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

**Decision rationale:** The ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is greater than 3 years status post injury. Therefore, the injured worker is no longer within the acute phase of treatment. Additionally, there is no evidence of significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary and appropriate.