

<b>Case Number:</b>	CM14-0003365		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 56 year old female who reported an injury on 10/14/2009, due to a slip and fall. The clinical note dated 09/23/2013 presented the injured worker with low back and pelvis pain. The injured worker's physical exam revealed lumbar spine active range on motion values of 43 degrees of flexion, 13 degrees of extension, 16 degrees of left lateral flexion, and 15 degrees of right lateral flexion. The clinical note dated 03/11/2013 references a radiofrequency rhizotomy procedure that was done on 01/17/2012 that provided over 10 months of 70 percent pain relief in her right sacroiliac region. The injured worker is diagnosed with right sacroiliac joint sprain, lumbar spine sprain/strain with lower extremity radiculitis, and a left wrist early carpal tunnel syndrome. The provider recommended a sacroiliac joint rhizotomy and a hot/cold unit. The request for authorization form was not included in the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) SACROILIAC JOINT RHIZOTOMY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GUIDelines

**Decision rationale:** The Official Disability Guidelines do not recommend rhizotomy for the sacroiliac joint. The use of sacroiliac joint rhizotomy has been questioned due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. The clinical note dated 03/11/2013 references a radiofrequency rhizotomy procedure that was done on 01/17/2012 that provided over 10 months of 70 percent pain relief in her right sacroiliac region. However, there was lack of evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. A sacroiliac joint rhizotomy is not a guideline recommended procedure. Therefore, the request is not medically necessary and appropriate.

**ONE (1) HOT/COLD UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 12, 300

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Official Disability Guidelines do not recommend rhizotomy for the sacroiliac joint. The use of sacroiliac joint rhizotomy has been questioned due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. The clinical note dated 03/11/2013 references a radiofrequency rhizotomy procedure that was done on 01/17/2012 that provided over 10 months of 70 percent pain relief in her right sacroiliac region. However, there was lack of evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. A sacroiliac joint rhizotomy is not a guideline recommended procedure. Therefore, the request is not medically necessary and appropriate.