

<b>Case Number:</b>	CM14-0101999		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Medicine 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 29 year old male who reported an injury to his low back on. The clinical note dated 05/21/13 indicates the injured worker stated the initial injury occurred on 01/06/13 as a result of a work related incident. The note indicates the injured worker utilizing Flexeril for pain relief. The note also indicates the injured worker having completed 12 physical therapy sessions as well as 6 aquatic therapy sessions with minimal relief. The injured worker had undergone an SI joint injection on 04/17/13. The clinical note dated 07/11/13 indicates the injured worker having undergone a 2nd SI joint injection which provided 1 week of relief of pain. The injured worker reported moderate levels of pain in the low back which were exacerbated with prolonged standing or walking. Upon exam, mild tenderness was identified at the left side of the SI joint. The note indicates the injured worker having a positive Fabre's test with positive compression and distraction. The clinical note dated 02/12/14 indicates the injured worker having complaints of low back pain that were rated as 8/10. The note indicates the injured worker having a positive Kemp's sign bilaterally. The injured worker was also identified as having a positive Fabre's, sacroiliac thrust test, and Yeoman's test on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint Rhizotomy QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM LBP Update, Page 185

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

**Decision rationale:** The request for a left sacroiliac joint rhizotomy is not medically necessary. The documentation indicates the injured worker complaining of sacroiliac related pain. No high quality studies have been published in peer reviewed literature supporting the use of sacroiliac joint radiofrequency neurotomies. There does appear to be promising results with some smaller studies. However, without substantive research with confirmation of the safety and efficacy of the use of this procedure, this request is not indicated as medically necessary.

**Left Piriformis Cortisone Injections QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web, Hip & Pelvis Piriformis Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Piriformis injections

**Decision rationale:** The request for a left piriformis Cortisone injection is not medically necessary. A piriformis injection is indicated following a full 1 month course of physical therapy. There is an indication the injured worker has undergone therapeutic interventions. However, it is unclear if the therapy was focused on the piriformis related complaints. Without this information in place, it is unclear if the requested injection would be appropriate for this injured worker. Therefore, this request is not indicated as medically necessary.