

<b>Case Number:</b>	CM14-0018907		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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. 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 46 year old male whose date of injury is 08/09/2012. On this date he was lifting an occupied gurney and injured the low back. Follow up note dated 03/14/14 indicates that medications included Lansoprazole, Relafen, Cyclobenzaprine, Norco, Lyrica, Lisinopril and Sertraline. The injured worker underwent sacroiliac (SI) joint injection on 11/12/13 and reported 75% pain relief for approximately two weeks. The injured worker underwent right spine (S2, S3 and S4) medial branch radiofrequency neurolysis on 04/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SACROILIAC JOINT INJECTION (S2-S3) MEDIAL BRANCH RADIOFREQUENCY ABLATION: 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); Hip and Pelvis Chapter, Sacroilic Joint Radiofrequency.

**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, Sacroilic Joint Radiofrequency.

**Decision rationale:** Based on the clinical information provided, the request for right sacroiliac joint injection (S2-S3) medial branch radiofrequency ablation is not recommended as medically necessary. First, the Official Disability Guidelines do not recommend the procedure, noting that larger studies are needed to confirm results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. Additionally, the injured worker underwent right S2, S3 and S4 medial branch radiofrequency neurolysis on 04/08/14; however, the injured worker's objective, functional response to this procedure is not documented.

**RIGHT SACROILIAC JOINT INJECTION (S3-S4) MEDIAL BRANCH RADIOFREQUENCY ABLATION: 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); 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 and Pelvis Chapter, Sacroiliac Joint Radiofrequency Neurotomy.

**Decision rationale:** Based on the clinical information provided, the request for right sacroiliac joint injection (S2-S3) medial branch radiofrequency ablation is not recommended as medically necessary. First, the Official Disability Guidelines do not recommend the procedure, noting that larger studies are needed to confirm results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. Additionally, the injured worker underwent right S2, S3 and S4 medial branch radiofrequency neurolysis on 04/08/14; however, the injured worker's objective, functional response to this procedure is not documented.

**RIGHT L4 MEDIAL BRANCH BLOCK: 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); Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

**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 Chapter, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** Based on the clinical information provided, the request for right L4 medial branch block is not recommended as medically necessary. The injured worker presents with radicular findings on physical examination including positive straight leg raising and sensory deficits. The Official Disability Guidelines note that facet procedures are limited to injured workers with low back pain that is non-radicular.

**RIGHT L5 MEDIAL BRANCH BLOCK: 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); Low Back Chapter.

**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 Chapter, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** Based on the clinical information provided, the request for right L4 medial branch block is not recommended as medically necessary. The injured worker presents with radicular findings on physical examination including positive straight leg raising and sensory deficits. The Official Disability Guidelines note that facet procedures are limited to injured workers with low back pain that is non-radicular.