

<b>Case Number:</b>	CM14-0132218		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Pain Medicine and is licensed to practice in California and Washington. 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 38-year-old female who reported injury on 09/10/2013. The mechanism of injury was not documented. The injured worker has diagnoses of lumbar discopathy/disc disease, positive lumbar facet syndrome, and left sacroiliac joint pain. Past medical treatment consists of acupuncture, sacroiliac joint Rhizotomy, physical therapy, chiropractic manipulative therapy, medication therapy, and ESI. An MRI of the lumbar spine was obtained on 11/22/2013. On 07/22/2014, the injured worker complained of low back pain. Physical examination revealed that her pain was at a 5/10. It was noted that her gait was antalgic. Examination of the spine revealed tenderness noted over the lumbar paravertebral musculature. There was facet tenderness to palpation noted over the bilateral L4 to S1 levels. Piriformis tenderness and piriformis stress were negative bilaterally. Sacroiliac tenderness, Fabere-Patrick's, sacroiliac thrust test, and Yeoman's test were negative on the right and positive on the left. Examination of the lumbar spine revealed a flexion of 60 degrees bilaterally, lateral bending 30 degrees bilaterally, and extension 15 degrees bilaterally. Sensation was intact as to pain, temperature, light touch, vibration and 2 point discrimination in all dermatomes. Plantar flexors, foot evertors, foot invertors, big toe extensors, knee extensors, and hip flexors were 5/5 bilaterally. The treatment plan is for the injured worker to undergo an LT sacroiliac joint Rhizotomy. The provider reveals that the injured worker has exhausted all conservative care and should continue with the LT sacroiliac joint Rhizotomy. The request for authorization form was submitted on 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **LT Sacroiliac Joint Rhizotomy: 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) Work Loss Data Institute, LLC; Section: Low Back-Lumbar & Thoracic (Acute & Chronic) updated 7/3/14 Hip & Pelvis (updated 12/9/13) Sacroiliac Joint Radiofrequency Neurotomy.

**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, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for LT sacroiliac joint Rhizotomy is not medically necessary. 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 innervation at the SI joint remains unclear. There was also controversy over the corrected knee for radiofrequency denervation. It was noted in the submitted report that the injured worker had undergone a radiofrequency Rhizotomy on 06/23/2014 to the left sacroiliac joint that provided her with 80% pain relief. However, there was lack of evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication and documented improvement in function. A sacroiliac joint Rhizotomy is not a guideline recommended procedure. As such, the request for an LT sacroiliac joint Rhizotomy is not medically necessary.