MAXIMUS Federal Services

| Case Number: | CM14-0172805 | | |
|---|---|---|---|
| Date Assigned: | 10/23/2014 | Date of Injury: | 11/14/2009 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

## 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Patient's medical record of 10/4/14 note indicates pain in the left back, groin, and lower extremity. Pain has been present since 2009. The insured reportedly underwent left hip intra-articular diagnostic and therapeutic injection that "helped substantially and almost eliminated the left groin pain." The insured reported to have undergoing radiofrequency lesioning of the left sacroiliac joint with significant improvement for several months. The insured reported to have no longer needed a can or walker to help walking. 10/4/14 note indicates some intermittent relief from the radiofrequency lesioning about a month ago. The insured is using a walker at this time. Procedures were listed as May and August of 2013 having left SI joint injections with greater than 50% improvement. September 2013 had RFA of left SI joint with greater than 73 percent improvement for 6 months. Examination notes positive ganslen's, faber's, and compression test. Gait was antalgic and favoring the left leg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lateral branch nerve radiofrequency neurotomy at S1, S2 and S3 (QTY: 3):** 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 (Acute and Chronic), 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, SI joint injections procedures

**Decision rationale:** ODG guidelines do not support the use of SI joint RFA. The medical records provided for review report pain related to the SI joint and indicates improvement in function in past as well as reduced pain but indicates conflicting information in regard to treatment to date. 10/4/14 note references only "intermittent relief from RF procedure done month ago." As ODG guidelines do not support the use of RFA for SI joint pain and the medical records indicate only intermittent relief related to procedure done one month prior to 10/4/14, the medical necessity of this procedure is not supported. Therefore, the request for left lateral branch nerve radiofrequency neurotomy at S1, S2 and S3 (QTY: 3) is not medically necessary and appropriate.