MAXIMUS Federal Services

| Case Number: | CM14-0033743 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 12/12/1989 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

## 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 and Rehabilitation and is licensed to practice in Washington and 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 an 82-year-old female with a reported date of injury on 12/12/1989. The injury reportedly occurred when the injured worker picked up a box of files at work and felt a pop in her back. Her previous treatments were noted to include surgeries and medications. Her diagnoses were noted to include L4 to S1 fusion, status post lumbar laminectomy, lower back pain, muscle spasm, L2-3 and L3-4 degenerative disc disease, L2-3 and L3-4 foraminal stenosis, L2-3 and L3-4 facet arthropathy, carpal tunnel syndrome, and sacroiliitis. The progress note dated 02/18/2014 reported a flare up of pain to the left leg and back. The physical examination reported flexion to 60 degrees, extension to 14 degrees with some pain, tenderness noted across the sacroiliac region over the SI joints, and tenderness over the lower lumbar region with trigger points identified. The injured worker was reported to have a limited range of motion of the lumbar spine overall, with 4/5 strength, left knee extension, hip flexion, and dorsiflexion. The examination revealed decreased sensation in the left anterior thigh with atrophy, as well as positive left Patrick's test at the hips. Right lower extremity motor testing was rated 4/5 in strength in dorsiflexion and knee extension, and right upper extremity motor testing was 5/5 in the shoulders, elbows, and wrists. The injured worker had a decreased range of motion to the cervical spine on flexion, extension, and rotation. The injured worker has had bilateral sacroiliac injections on 05/06/2013 with 70% improvement in her pain for a few weeks and 08/12/2013 with 85% improvement in her pain. The request for authorization form was not submitted within the medical records. The request is for a left sacroiliac joint radiofrequency ablation at L5, S1, 2, 3, 4 and a nerve conduction velocity of the lower extremity; however, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac joint radio frequency ablation L5,S1,2,3,4.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

**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, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The request for Left Sacroiliac joint radio frequency ablation L5, S1, 2, 3, and 4 is non-certified. The injured worker has had previous sacroiliac joint injections with good relief. The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies as larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. The injured worker has been shown to have good pain relief with her previous sacroiliac injections; however, there is a lack of documentation regarding functional improvement and decrease in medications as a result of the radiofrequency ablations. Additionally, the Guidelines do not recommend SI joint radiofrequency neurotomies; therefore, a sacroiliac joint radiofrequency neurotomy is not warranted at this time. Therefore, the request for Left Sacroiliac joint radio frequency ablation L5, S1, 2, 3, and 4 is not medically necessary.

**Nerve conduction velocity (NCV) of the Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Nerve Conduction Studies.

**Decision rationale:** The request for Nerve conduction velocity (NCV) of the Lower Extremity is non-certified. The injured worker has tenderness to the sacroiliac region over the sacroiliac joints, limited range of motion to the lumbar spine, 4/5 strength, decreased sensation in the left anterior thigh with atrophy, and a positive left Patrick's test at the hips. The Official Disability Guidelines do not recommend nerve conduction studies to the low back. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The injured worker has symptoms consistent with possible lumbar radiculopathy; however, the Guidelines do not recommend a nerve conduction study to the low back. Additionally, the request failed to provide the specific lower extremity to which the test

will be utilized.  Therefore, the request for Nerve conduction velocity (NCV) of the Lower Extremity is not medically necessary.