

<b>Case Number:</b>	CM14-0077590		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 patient is a 57 year old female who was injured on 05/15/2012 as she was reaching above shoulder level and fell backwards. The patient then struck the left hemi-pelvic region on a money machine. Prior medication history included Prednisone, albuterol, Relafen, Lidoderm patch, propranolol, Flector patch, and Norco. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/24/2012 demonstrated anterolisthesis at L4-5 with a 2-3 mm disc bulge and degenerative disk disease present at L3-L4, L4-L5 and L5-S1. Progress report dated 04/21/2014 indicates the patient presented with pain in the left lumbar paravertebral region radiating down the lateral portion of the leg to the thigh. On exam, the lumbar spine revealed flattened lumbar lordosis and obvious scoliotic deformity with elevation of the left pelvis. She does have spasm and guarding in the left lumbar paravertebral region. There are no motor deficits in regard to thigh flexion-extension, ankle dorsi and plantar flexion and EHL. Maneuvers to put stress over the SI joint are positive on the left-band side, negative on the right. The patient is diagnosed with lumbar spondylosis with spondylolisthesis and left sacroilitis. The patient was recommended for a radiofrequency procedure. Prior utilization review dated 05/06/2014 states the request for Radiofrequency LT S-S4 nerves is denied as there is limited documented evidence submitted with this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency LT S-S4 nerves:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Facet Joint radiofrequency of lumbar zone, MTUS Page(s): 300-301. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
[http://www.painmedicineneeds.com/download/rfablationsacro\\_pmn0610\\_wm.pdf](http://www.painmedicineneeds.com/download/rfablationsacro_pmn0610_wm.pdf)

**Decision rationale:** According to guidelines, sacroiliac joint injections (then RF) are not recommended except in individuals with a rheumatologically proven spondyloarthropathy, where SI joint injections would be indicated. Furthermore, according to evidence based medicine, sacroiliac joint may be indicated in carefully selected patients after at least 50% pain relief with sacroiliac joint diagnostic block. In this case, there is little documentation of subjective and objective findings pertinent to a diagnosis of sacroiliac joint pain. There is no documentation of prior diagnostic block. Moreover, there is no documentation of prior trial and failure of conservative treatment such as physical therapy for a reasonable period of time. Therefore, the request is considered not medically necessary.