

<b>Case Number:</b>	CM14-0125856		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41 year old male, who sustained an industrial injury on 10/11/2012. The injured worker noted that he was performing his usual and customary duties when he complained of neck, upper and lower back pain, numbness and tingling to his left foot. On provider visit dated 07/14/2014 the injured worker has reported low back pain that occasionally radiates to the left knee with occasional numbness and tingling. On examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature and left sacroiliac joint. Straight leg raising test was positive eliciting radicular symptom to the left buttock sacroiliac stress is prove on the left. Yeoman test and Gaenslen's test were positive. Range of motion of the lumbar spine was decreased. Sensation was decreased in the left L5-S1 dermatomes. The diagnoses have included cervical musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain / strain with left leg radiculitis, left L5-S1 disc herniation/degenerative disc diseased / stenosis at L4-L5. Treatment to date has included injections, laboratory studies and medication. The provider requested left sacroiliac joint injection with possible rhizotomy and lumbar spine surgery consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left sacroiliac joint injection with possible 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), Hip & Pelvis (Acute & Chronic) Criteria for the use of sacroiliac blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of rhizotomy. ODG Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy states that it is not recommended. It states, "Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder." As the guidelines do not recommend the procedure, the determination is not medically necessary.

**Lumbar spine surgery consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**Decision rationale:** CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. In this case there are no red flag symptoms or recent imaging of pathology to warrant consultation. Based on this the request is not medically necessary.