

<b>Case Number:</b>	CM15-0015535		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New York  
Certification(s)/Specialty: Neurological 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:

This a 50 year old female school custodian on 10/13/08 she fell down steps in the dark landing on her knees and hurt her arm. She was experiencing left shoulder pain; left sided low back pain with radiation to the left leg; right hip and thigh pain and bilateral knee pain. She had a back injury on 4/9/12 and was treated with physical therapy. Medications include Voltaren XR, Protonix and Ultram. Diagnoses include impingement syndrome, left shoulder; medial meniscus tear, knee; degenerative joint disease/ degenerative disc disease, lumbar spine; arthritis, left shoulder; rotator cuff strain, left shoulder, arthritis, left knee and trochanteric bursitis. Treatments to date include injections, medications and physical therapy. Diagnostics included MRI of the left shoulder, left hip; diagnostic ultrasound of the left sacroiliac joint revealing joint effusion and edema of surrounding tissue. Progress note dated 12/9/14 indicates that she has had 2 successful left sacroiliac joint injections decreasing her pain 70-80% for about 7 weeks. The left sacroiliac joint pain and piriformis related pain is flaring again and am requesting repeat left sacroiliac joint injection. On 12/27/14 Utilization Review non-certified the request for left sacroiliac joint injection denervation, medical clearance: history & physical, EKG (electrocardiogram) and labs citing MTUS; ODG: Hip & Pelvis and guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sacroiliac joint injection denervation: 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 (updated 10/09/2014), 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 chapter(updated 10/9/14) sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** According the ODG guidelines, sacroiliac joint radiofrequency neurotomy is not recommended. Of note was that one year after treatment in one group only two patients (14%) continued to demonstrate persistent pain relief. On the other hand, sacroiliac joint blocks are recommended as an option if aggressive conservative therapy fails. This therapy would include a comprehensive exercise program. Documentation does not provide a description of such a program. Thus the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate.

**Medical clearance, H & P (history and physical): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id-48408>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Medical clearance, H & P (history and physical) is not medically necessary and appropriate.

**Decision rationale:** Since the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Medical clearance, H & P (history and physical) is not medically necessary and appropriate

**EKG (Electrocardiogram): 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): Low Back (updated 11/21/2014), Preoperative electrocardiogram (ECG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: EKG (Electrocardiogram) is not medically necessary and appropriate.

**Decision rationale:** Since the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: EKG (Electrocardiogram) is not medically necessary and appropriate

**Labs:** 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): Low Back (updated 11/21/2014), Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: labs is not medically necessary and appropriate.

**Decision rationale:** Since the requested treatment: left sacroiliac joint denervation is not medically necessary and appropriate, then the Requested Treatment: Associated surgical service: labs is not medically necessary and appropriate