

<b>Case Number:</b>	CM15-0139959		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female, who sustained an industrial injury on 6-05-2013, after a fall down stairs. The injured worker was diagnosed as having right lateral hip pain, L4-5 central annular tear and retrolisthesis with bilateral foraminal stenosis, right low back pain, and L3-4 and L5-S1 broad based disc bulge. Treatment to date has included diagnostics, right hip surgery in 10-2014, physical therapy, right L4-5 transforaminal epidural injection, right sacroiliac joint injection on 4-06-2015, right L3-4, L4-5, and L5-S1 facet joint injections on 6-01-2015, and medications. Currently, the injured worker complains of right low back pain. It was documented that the prior right sacroiliac joint injection provided improvement in the right low back pain, especially during sitting and standing, for three days. Medications included Lorazepam and Vicodin. The treatment plan included a right sacroiliac joint radiofrequency ablation with a pain management specialist. Her work status was total temporary disability for her hip and temporary partial disability for her lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right SI joint radiofrequency ablation with a pain management specialist: 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), Sacroiliac joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Radiofrequency Ablation, pages 300-301.

**Decision rationale:** Per Guidelines, radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of low back pain correlating with MRI assessment for multilevel disc protrusions. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc protrusions without evidence for significant arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks with reported relief for 3 days. The 1 right SI joint radiofrequency ablation with a pain management specialist is not medically necessary and appropriate.