

<b>Case Number:</b>	CM15-0169621		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 61 year old male who sustained an industrial injury on 2-17-13. Progress report dated 7-10-15 reports continued complaints of lower back pain rated 4 out of 10 with medications and 9 out of 10 without medication. Diagnoses include: C6-7 stenosis, bilateral cervical radiculopathy, chronic cervical pain, chronic thoracic pain, left shoulder impingement syndrome with subacromial and subdeltoid bursitis and status post 8-20-14 ACDF with cage and instrumentation and partial corpectomy of C6. Plan of care includes: recommend radio-frequency ablation at the right SI joint, request Ultram 50 mg 1 every 6 hours #120 and continue Tramadol. Updated pain contract. Work status: temporarily partially disabled with modified duty of no lifting, pushing or pulling greater than 5 pounds, no at or above shoulder work, if restrictions cannot be accommodated, will be temporarily totally disabled. Follow up in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RFA Ablation Right Sacroiliac Joint:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. Therefore the request is not medically necessary based on ACOEM guidelines and failure of the provided documentation for review to meet criteria.