

<b>Case Number:</b>	CM15-0207174		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 40 year old male, who sustained an industrial injury, October 31, 2012. The injured worker was undergoing treatment for status post L4-L5 laminectomy and right L5-S1 microdiscectomy on March 26, 2014, post laminectomy syndrome, status post lumbar laminectomy discectomy and foraminotomy of L5-S1 on April 28, 2015, right L5-S1 radiculopathy, right L5-S1 lateral; recess and foraminal stenosis, right L5-S1 recurrent disk herniation lateral and retrolisthesis and failed extensive conservative care. According the progress note of September 11, 2015, the injured worker's symptoms returned a few weeks after surgery. The pain had pain in the right buttocks and right foot stabbing pain with occasional cramps, but denied lower extremity radicular pain. The injured worker was participating in physical therapy with relief. According to progress note of September 14, 2015, the injured worker's chief complaint was back pain and swelling. The injured worker rated the pain at 3-5 out of 10 with decreased range of motion. The physical exam noted back tenderness with spasm at L5-S1. There was decreased range of motion. The injured worker previously received the following treatments physical therapy discharge on September 5, 2015, Home exercise program, Norco Mobic, Oxycodone IR, Lyrica and Tramadol. The RFA (request for authorization) dated October 9, 2015; the following treatments were requested right S1 joint ablation suggested that the September 11, 2015 office visit. The UR (utilization review board) denied certification on October 16, 2015; for a right sacroiliac ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac joint ablation:** 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), Sacroiliac 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 & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work injury in October 2012 and underwent L4/5 laminectomies and a right L5/S1 microdiscectomy in March 2014 with revision at L5/S1 in April 2015. On 09/05/15 he was attending the tenth physical therapy treatment session since evaluation in July 2015. He had right sacroiliac joint pain rated at 4-5/10. He had a pelvic rotation. Manual therapy and Rock Tape was applied. Additional physical therapy was recommended. When seen on 09/11/15 by the requesting provider, there had been two days of pain relief after a sacroiliac joint injection. He was working part time. Physical therapy was providing relief and he was continuing treatments. Physical examination findings included right sacroiliac joint tenderness. There was positive right straight leg raising. Sacroiliac joint radiofrequency ablation was requested. Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described. Further studies are needed to determine the potential candidates and treatment parameters for this disorder. In this case the claimant is improving with physical therapy. When seen, there were no reported positive sacroiliac joint tests. The request is not medically necessary.