

<b>Case Number:</b>	CM15-0040236		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 67-year-old female who reported an injury on 03/21/2014. The mechanism of injury was not specifically stated. The current diagnoses include low back pain and sacroiliac pain. The injured worker presented on 01/22/2015 for a follow-up evaluation. The injured worker reported persistent low back pain with paravertebral muscle spasm. Upon examination, there was 5/5 motor strength in the bilateral lower extremities, limited active range of motion with left and right lateral bending, negative straight leg raise, and intact sensation. There was pain elicited over the right parasacral muscles. Recommendations included a sacroiliac joint rhizotomy. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Chapter, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomy. Multiple techniques are currently described. Larger studies are needed to confirm these results and determine optimal candidates and treatment parameters. In this case, it was noted that the injured worker was treated with a sacroiliac joint block. However, there was no documentation of objective functional improvement. There was also no evidence of a significant functional limitation upon examination. As larger studies are needed to confirm the safety and effectiveness of this treatment, the current request cannot be determined as medically necessary at this time.