

<b>Case Number:</b>	CM15-0056226		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Anesthesiology, 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 is a 49 year old female, who sustained an industrial injury on 9/17/2011. The current diagnoses are right sacroiliac joint pain, right sacroiliitis, and right lumbar facet pain at L3-S1, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, and lumbar degenerative disc disease. According to the progress report dated 3/4/2015, the injured worker complains of right-sided low back pain with radiation to the right buttocks. The current medications are Norco, Flexeril, and Ibuprofen. Treatment to date has included medication management, physical therapy, right sacroiliac joint injection, and right L4-L5 and L5-S1 facet joint medical branch block. The plan of care includes Phenergan, Compazine, fluoroscopically guided right sacroiliac facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) with moderate conscious sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan 25mg #60:** 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) Pain (updated 03/18/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Antiemetics.

**Decision rationale:** According to the ODG, promethazine is not recommended for nausea and vomiting secondary to chronic opioid use and is only recommended for preoperative and post-operative use. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The requested treatment is not medically necessary.

**Compazine 5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12390617>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compazine.

**Decision rationale:** According to the ODG, Compazine is not recommended for nausea and vomiting secondary to chronic opioid use and is only recommended for preoperative and post-operative use. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The requested treatment is not medically necessary.

**Right sacroiliac facet joint radiofrequency nerve ablation (neurotomy/rhizotomy):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

**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 Sacroiliac Joint.

**Decision rationale:** According to the ODG, Rhizotomy of the sacroiliac joint is not recommended. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The requested treatment is not medically necessary.

**Fluoroscopically guided:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

**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 Radiofrequency.

**Decision rationale:** According to the ODG, sacroiliac joint radiofrequency nerve ablation is not recommended. Thus, the use of fluoroscopic guidance is also not needed for a not recommended procedure. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The requested treatment is not medically necessary.

**Moderate conscious sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Benzodiazepines.

**Decision rationale:** The current request lacks a specific medication, dose, frequency or route as required by MTUS. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The requested treatment is not medically necessary.