

<b>Case Number:</b>	CM15-0056502		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	03/06/2015
<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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50-year-old female, who sustained an industrial injury on 6-8-09. The injured worker was diagnosed as having left sacroiliac joint dysfunction, L5-S1 degenerative disc disease and annular tear, left leg radiculopathy, and chronic intractable pain. Treatment to date has included a left sacroiliac joint injection on 1-19-15 that provided 80% pain relief, L5-S1 hemilaminectomy and fusion, chiropractic treatment, and medication. Physical examination findings on 2-10-15 included tenderness over the lumbosacral junction and the left sacroiliac joint. Decreased sensation was noted over the right L5 and S1 dermatomes. Left hip flexion and abduction, left knee flexion and extension, and left ankle dorsiflexion were noted to be 4 of 5. Fortin's, pelvic compression, and distraction tests were positive on the left. The injured worker had been taking Zanaflex since at least 6-10-14. Currently, the injured worker complains of low back pain with numbness down the right lower extremity and left sacroiliac joint pain. The treating physician requested authorization for left sacroiliac joint radiofrequency ablation and Zanaflex 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint radio frequency 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), Hip and Pelvis chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of rhizotomy. ODG Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy states that it is not recommended. It states, "Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder." As the guidelines do not recommend the procedure, the determination is not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case, there is no objective evidence in the exam note from 2/10/15 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore, the determination is not medically necessary.