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| <b>Case Number:</b>   | CM14-0121036 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 02/11/2010 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 07/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year old female whose date of injury is 02/11/10 when she fell at work injuring her back and lower extremities. Office notes dated 06/19/14 reports that the injured worker complains of neck pain radiating to the bilateral shoulders down to the fingertips. She also complains of low back pain radiating down to the bilateral legs down to the toes. The injured worker has undergone physical therapy and chiropractic care. Current medications include Gabapentin, Tizanidine, Acetaminophen, Premarin, Neuropamil, Nortriptyline, and Simvastatin. The injured worker underwent a series of lumbar epidural steroid injections in 2012 with more than 75% pain relief for 5-6 months. The injured worker was noted to present with primarily right sacroiliac joint pain, and a right SI joint injection was requested. Progress report dated 07/02/14 notes that the injured worker underwent right SI joint injection on 06/20/14 and she feels greater than 80% better. A right SI joint rhizotomy was requested, as well as a left SI joint injection. The left SI joint injection was certified on 07/23/14, but the right SI joint rhizotomy was non-certified.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac joint 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 and Pelvis, Sacroiliac joint radiofrequency neurotomy

**Decision rationale:** Sacroiliac joint neurotomy/rhizotomy is not recommended per ODG guidelines as there is no strong scientific evidence supporting this procedure. Multiple techniques are currently described, and the use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. Based on the clinical information provided, the request for right sacroiliac joint rhizotomy is not recommended as medically necessary.