

<b>Case Number:</b>	CM14-0211298		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Orthopedic Surgery, Sports Medicine

### 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 45-year-old male who reported an injury on 09/04/2009 due to an unspecified mechanism of injury. The most recent clinical note, dated 03/20/2014, shows that the injured worker presented for a followup evaluation regarding his low back pain with radiation into the left lower extremity with associated numbness and tingling to the foot. An examination shows tenderness to palpation of the lumbar spine. He had a positive straight leg raise and increased low back pain with a full squat. It should be noted that the documentation provided was handwritten and illegible. The documentation provided showed an MRI of the lumbar spine, dated 09/18/2013. Documentation regarding surgical history, medications and past treatments was not provided. The treatment plan was for a left sacroiliac rhizotomy/neurolysis and 10 week weight loss program. The Request for Authorization and rationale for treatment were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left sacroiliac joint rhizotomy/neurolysis: 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 (Acute and Chronic)

**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:** The Official Disability Guidelines do not recommend Sacroiliac joint radiofrequency neurotomy. No recent clinical documentation was submitted for review to support the requested sacroiliac joint radiofrequency neurotomy. Without documentation to support the requested procedure, the request would not be supported. In addition, there is no evidence that the injured worker has undergone all recommended conservative treatment to support the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**10 Week weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians

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

**Decision rationale:** The Official Disability Guidelines state that lifestyle (dietary and exercise) modifications are essential for all patients with diabetes. There was no recent clinical documentation submitted for review to support the request for a 10 week weight loss program. In addition, a clear rationale was not provided regarding the medical necessity of a weight loss program, and it is unclear why the injured worker cannot self-modify his lifestyle habits. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.