

<b>Case Number:</b>	CM15-0013428		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: 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 70 year old female, who sustained a work related injury on 10/16/00. The diagnoses have included lumbar fusion, facet joint pain, cervical sprain/strain, left sacroiliac joint pain, lumbar post laminectomy syndrome, and neuropathic pain. Treatments to date have included fluoro-guided left L4-5 and L5-S1 facet joint medial branch blocks, oral medications, physical therapy. In the PR-2 dated 12/9/14, the injured worker complains of low back pain that radiates to left buttock and posterior left thigh. She also complains of neck pain. She rates the pain a 6/10. She has tenderness to palpation of lumbar paraspinal muscles. She has decreased range of motion in neck, lower back and legs. On 1/20/15, Utilization Review non-certified a request for fluoroscopically guided left SI joint rhizotomy. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided left SI 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 (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 for non-certification.