

<b>Case Number:</b>	CM15-0127854		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Emergency 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 50 year old female, who sustained an industrial injury on 8/3/04. Initial complaints were not reviewed. The injured worker was diagnosed as having post lumbar laminectomy syndrome; lumbar disc disease; lumbar radiculopathy. Treatment to date has included status post lumbar posterior interbody fusion decompression laminectomy L3-S1; right L3-L4 transforaminal epidural steroid injection (#3) and right L2-L3 selective epidural catheterization (12/16/14); bilateral sacroiliac joint intra-articular injections (4/18/15); physical therapy; back brace; urine drug screening; medications. Diagnostics studies included CT scan lumbar spine (10/27/09; 3/30/12; 7/16/13); MRI lumbar spine (7/18/13). Currently, the PR-2 notes dated 5/4/15 indicated the injured worker complains of lumbar spine pain which she rates at 7/10 on the pain scale. She notes the pain has remained unchanged since her last visit 3/6/15. She has bilateral sacroiliac joint injections 4/18/15 which she benefited 80% relief. She reports she is walking more and taking her prescribed medications regularly and tolerating them well and helping her pain. On physical examination the provider notes her gait is wide-based and she performed the heel-toes walk with difficulty secondary to low back pain. She has tenderness to palpation and spasm over the lumbar paraspinal muscles with guarding. She has a moderate to severe facet tenderness to palpation noted over the L2- through L5 levels. Straight leg testing causes low back pain. She has some restriction on range of motion on the right lateral bending, flexion and extension. She has tenderness to palpation of the bilateral sacroiliac joints with three positive orthopedic testing. She is currently in physical therapy with 4 more weeks to completion and reports improvement with this therapy as well as the sacroiliac joint injection of 4/18/15. She reports this has allowed her to decrease her medication intake. The provider is requesting authorization of bilateral sacroiliac joint rhizotomy neurolysis at this time.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Bilateral 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 - 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 & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The requested Bilateral sacroiliac joint rhizotomy neurolysis, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy noted that this procedure is not recommended. The injured worker had bilateral sacroiliac joint injections 4/18/15 which she benefited 80% relief. She reports she is walking more and taking her prescribed medications regularly and tolerating them well and helping her pain. On physical examination the provider notes her gait is wide-based and she performed the heel-toes walk with difficulty secondary to low back pain. She has tenderness to palpation and spasm over the lumbar paraspinal muscles with guarding. She has a moderate to severe facet tenderness to palpation noted over the L2 through L5 levels. Straight leg testing causes low back pain. She has some restriction on range of motion on the right lateral bending, flexion and extension. She has tenderness to palpation of the bilateral sacroiliac joints with three positive orthopedic testing. The treating physician has not documented evidence based medical literature to support the use of this procedure as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Bilateral sacroiliac joint rhizotomy neurolysis is not medically necessary.