MAXIMUS Federal Services

| Case Number: | CM15-0175762 | | |
|---|---|---|---|
| Date Assigned: | 09/17/2015 | Date of Injury: | 02/01/2008 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

## 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: Texas, California
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient, who sustained an industrial injury on 2/01/2008. The diagnoses include status post lumbar fusion, status post hardware removal, lumbar disc disease, lumbar radiculopathy, and left foot drop. Per the doctor's note, dated 7-30-2015 he had complains of lumbar pain, rated 8 out of 10, with radiation into the left buttock and bilateral lower extremities, with numbness and tingling (left greater than right). It was documented that he had approximately 100% relief for the first 3 days following the procedure on 6-27-2015 and that his pain now returned to baseline. His pain was also rated 8 out of 10 on 7-02-2015 visit. The physical examination of the lumbar spine revealed a wide based antalgic gait to the left, moderate facet tenderness along the L3 through S1 levels and query to muscle sensation, Piriformis testing (piriformis tenderness and stress) positive bilaterally and straight leg raise positive on the left, Sacroiliac tests (sacroiliac tenderness, Fabere's-Patrick, sacroiliac thrust, Yeoman's, and Kemp's) positive bilaterally, Farfan test positive bilaterally, range of motion decreased on flexion, extension, and lateral bending, decreased sensation along the L5 and S1 dermatomes on the left, 3/5 strength in the left L5 and 4 of 5 in the left L2-4, 1+ reflexes in the left knee and absent in the left ankle. The medications list includes Norco, Gabapentin, and Percocet. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, physical therapy, left sacroiliac joint injection on 6-27-2015, and medications. The treatment plan included left sacroiliac joint rhizotomy-neurolysis, non-certified by Utilization Review on 8-18-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sacroiliac joint rhizotomy/neurolysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvic 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) Chapter: Hip & Pelvis (updated 09/24/15) Sacroiliac radiofrequency neurotomy.

**Decision rationale:** Per the ODG sacroiliac radiofrequency neurotomy is "Not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening....." Therefore there is no high grade scientific evidence to support the sacroilliac joint injection for this diagnosis. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of left sacroiliac joint rhizotomy/neurolysis is not fully established in this patient at this time and therefore is not medically necessary.