

<b>Case Number:</b>	CM15-0177569		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina  
 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:

The injured worker is a 41 year old female, who sustained an industrial injury on August 10, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for sacrum disorders, sacrum sprain, pain in the pelvis and thigh joint, arthralgia of the pelvic region and thigh, closed dislocation of the sacrum, peripheral neuritis, and lumbar radiculitis. On June 1, 2015, the injured worker reported recurrent pain and increased intensity of the right SI joint with pain around the proximal thigh and inguinal area that radiated to the right foot, sole, and heel. The left sacroiliac (SI) joint therapeutic injection and arthrogram was performed On July 17, 2015. A right SI injection was performed On May 13, 2015. The Treating Physician's report dated August 10, 2015, noted the injured worker status post a left SI joint injection with 4 days of relief from the injection and right sided pain also feeling better afterwards, likely due to her ability to walk with more pressure on the left side. The injured worker's current medications were listed as Percocet, Neurontin, Omeprazole, Celebrex, Valium, Lidoderm patches, and Atarax. Inspection and palpation of the lumbar spine was noted to be within normal limits, without erythema, swelling, deformity, or tenderness. Tenderness to palpation was noted at the right sacroiliac sulcus. The left SI joint was noted to be tender on thigh thrust, Faber, and lateral compression. The right Faber test, shear-thigh thrust, and lateral compression were all noted to be positive for pain. The treatment plan was noted to include consideration of a left sided SI joint fusion or manage with more injections as the injections only lasted less than one week, with SI joint ablation also an option. The request for authorization dated August 25, 2015, requested a left SI joint RF Ablation with pain management specialist. The Utilization Review (UR) dated

August 31, 2015, non-certified the request for a left SI joint RF Ablation with pain management specialist.

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

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

**Left SI joint RF Ablation with pain management specialist:** 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 & Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The provided medical records do not meet criteria for this non-recommended procedure. The patient has had previous injections and these previous diagnostic blocks did not produce lasting effects. Therefore, the request is not medically necessary.