

<b>Case Number:</b>	CM14-0145246		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old male who reported a work related injury on 09/21/2012 due to a motor vehicle accident. The injured worker's diagnosis a lumbar spine strain. Past treatment has included physical therapy, medications therapy, SI joint injections and a lumbar fusion. The injured worker had undergone a bilateral SI joint injection on 06/13/2013 with 50 to 55% alleviation of radicular complaints as well as improvement in mobility and overall functionality. The injured worker also reported pain relief for the next 2 days after the injection. Diagnostic studies included a CT scan of lumbar spine dated 05/24/2013 which revealed postsurgical changes at L3-4 and L4-5 levels. The injured worker's surgical history consists of a lumbar fusion and SI joint injections. After reviewing clinical note, 02/11/2013, 02/27/2013 and 04/16/2013; physical exam findings were complaint of low back and buttocks pain in addition to left lower extremity weakness. The injured worker's pain was described as occasional sharp, deep aching pain and his right greater than left upper buttocks with radiation bilaterally on both sides without associated radiating symptoms down posteriorly or down the lower extremity. The pain was noted to be exacerbated by any prolonged standing, sitting, walking or supine positions and he was still having difficulty shifting positions several times throughout the course of the day. On physical examination it was noted that the injured worker had a negative Patrick's test. Range of motion of the hip was normal bilaterally. The injured worker's medications include Butrans, Norco, and Flexeril. The treatment plan consisted of SI joint rhizotomy and consultation for pre-op clearance. Request for Authorization form was submitted for review on 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI joint rhizotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Sacroiliac joint radiofrequency neurotomy

**Decision rationale:** The request for SI joint rhizotomy is not medically necessary. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomies are not recommended. As such, the request for SI joint rhizotomy is not medically necessary.

**Consultation pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Sacroiliac joint radiofrequency neurotomy

**Decision rationale:** The request for Consultation pre-op clearance is not medically necessary. The request for SI joint rhizotomy was deemed not medically necessary. As such, the request for Consultation pre-op clearance is not medically necessary.